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Office of Continuing Professional Education

LEADING ORGANIZATIONS TO HEALTH: TRANSFORMATIVE LEADERSHIP FOR HEALTHCARE

PROGRAM INFORMATION

Dates

Session 1: Thursday, November 9–Sunday, November 12, 2017

Session 2: Thursday, January 18–Sunday, January 21, 2018

Session 3: Thursday, March 22–Sunday, March 25, 2018

Session 4: Thursday, May 17–Sunday, May 20, 2018

Each session begins with dinner on Thursday and ends with lunch on Sunday. The experiential and reflective nature of the program makes continuity in relationships and conversations very important. Therefore, we ask each participant to commit to attending all four sessions.

Faculty

Anthony L. Suchman, MD, MA, Relationship Centered Health Care and the University of Rochester, 585.721.9187 asuchman@rchcweb.com

Diane B. Rawlins, MA, InsideOut Consulting, Seattle, WA, 206.890.0465, diane.insideout@gmail.com

Site

Sylvan Dale Guest Ranch, Loveland, Colorado. Sylvan Dale is on the beautiful Big Thompson River, conveniently located about a 1.25 hours from the Denver International Airport in the foothills of the Front Range. They are just 10 minutes from Loveland and 30 minutes south of Fort Collins.

Program Fee

\$14,200 per person (\$13,600 for the second participant from the same organization). Members of the American Academy on Communication in Healthcare are eligible for a \$1,850 discount. *A non-refundable deposit of \$2,500 per person is due upon registration to reserve a position with the balance due by August 1, 2017.*

Cancellation Policy

For cancellations made before July 15, 2017 we will refund the entire payment, less the \$2,500 deposit; between July 15 and August 15, we will refund 50% of the registration fee. *No refund will be available for cancellations made after August 15, but the registration may be transferred to another person.*

Food and Lodging

The fee per person per day \$250 (based on single occupancy, payable directly to Sylvan Dale Guest Ranch; tax, gratuity and facility fee are additional).

To Register

Online registration is available at www.lohweb.com or you can complete the attached application and mail it along with a check for your deposit.

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277 Goodman St N, Suite 205
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585.721.9187
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Co-sponsors



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APPLICATION

| | |
|---------------------------------|-----------------------------|
| Name: _____ | Day Phone: _____ |
| Address: _____ | Evening Phone: _____ |
| _____ | E-mail: _____ |
| Organization: _____ | Position: _____ |
| Diet Restrictions: _____ | |

Please register me. I have reviewed the program fee and cancellation policy sections of the brochure and commit to attending all four residential sessions. My deposit of \$2,500 is enclosed.

Please make checks payable to Relationship Centered Health Care.

Mail to: Anthony L. Suchman, MD, Relationship Centered Health Care, 277 Goodman Street N, Suite 205, Rochester, NY 14607

Please describe your current leadership role(s) and work:

Please tell us about what draws you to this course and what outcomes you hope for. Feel free to use additional sheets if necessary.

Please send this application and a check for your deposit of \$2,500 (*payable to Relationship Centered Health Care*) to: Anthony L. Suchman, MD, Relationship Centered Health Care, 277 Goodman Street N, Suite 205, Rochester, NY 14607. Online registration is available at www.lohweb.com. Thank you!

