

LEADING ORGANIZATIONS TO HEALTH: TRANSFORMATIVE LEADERSHIP FOR HEALTHCARE

APPLICATION

Name: _____ **Day Phone:** _____
Address: _____ **Evening Phone:** _____
_____ **E-mail:** _____
Organization: _____ **Position:** _____
Dietary 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 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, LLC*) to: Anthony L. Suchman, MD, Relationship Centered Health Care, 277 Goodman St N, Suite 311, Rochester, NY 14607. Online registration is available at www.lohweb.com.

Thank you!

For cancellations made before October 15, 2018 we will refund the entire payment, less the \$2,500 deposit; between October 15 and December 15, we will refund 50% of the registration fee. *No refund will be available for cancellations made after December 15, but the registration may be transferred to another person.*