

Leading Organizations to Health: Transformative Leadership for Healthcare

Name: _____ Day Phone: _____

Address: _____ Evening phone: _____

_____ E-mail: _____

Organization: _____ Position: _____

- I'd like more information about this program. Please contact me.
- 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 \$2500 is enclosed. (Please make checks payable to Relationship Centered Health Care.)

Please describe your current administrative 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 (payable to Relationship Centered Health Care) to:
Relationship Centered Health Care, c/o The Healthcare Consultancy, McArdle Ramerman & Co.
693 East Avenue, Rochester, NY 14607
. Thank you!