



The PSW Leadership Program

Level One: Stepping into the PSW Leadership Role in LTC

Presenter Profile



Darlene Legree combines her experience as a registered nurse, trainer and consultant to provide a stimulating learning experience. Her expertise in integrating resident centered care with effective leadership provides clarity and understanding for nurse leaders.

THUNDER BAY, ONTARIO	
Dates and Locations – WINTER 2010	
DAY 1	March 1, 2010
DAY 2	March 2, 2010
DAY 3	March 3, 2010
Location	St. Joseph’s Heritage (The Penthouse) 63 Carrie Street Thunder Bay, ON P7A 4J2 Telephone: 807-768-4400
Directions	From TC-11/17, exit onto Red River Rd. Turn left on Kenogami Avenue N. Right turn onto Carrie Street. St. Joseph’s Heritage on right. http://www.sjcg.net/aboutus/sites.aspx

Schedule	Program Registration Details
8:30 AM DAY 1 Registration & Refreshments	1 – 4 people = \$350.00 plus 5% G.S.T = \$ 367.50 Total ea. 5 + people = \$325.00 plus 5% G.S.T = \$ 341.25 Total ea (Fee includes refreshments and light lunch)
8:45 AM DAY 2 & 3 Pre-Program refreshments	
9:00 AM Session start time	
4:00 PM Session end time	

***Registrant names must be submitted at one time to qualify for home(s) discounts.**

Silver Meridian reserves the right to cancel due to insufficient registration. Tuition fee includes manual, handouts, refreshments, light lunch and participation certificates upon program & practicum completion



The PSW Leadership Program

“Level 1: Stepping into the PSW Leadership Role in LTC” Thunder Bay Location WINTER 2010 - Registration

4 WAYS TO REGISTER

By Phone: 905-433-0040 By Fax: 905-433-0051 By Email: kritchie@silver-meridian.com
By Mail: Silver Meridian, 1621 McEwen Dr., Suite 28, Whitby, ON L1N 9A5

If registering within 10 days of the start of the program, please phone to confirm seat(s).

Name(s) (Please Print)	Home	Position	Seminar Location

Organization : (if applicable) _____

Registrant names must be submitted at one time to qualify for home(s) discounts.

Address: _____

City: _____ Prov. _____ P.C. _____ # of Participants: _____ @ \$ _____ ea.

Contact Name: _____ Total \$ _____

Telephone: _____ Signature: _____

Fax: _____ Authorized to sign on behalf of self or home

Email: _____ Home name (Please Print)

PAYMENT: Please make cheque or money order payable to **Silver Meridian**

COMMERCIAL MEMBER OF:

