



You Are Invited To Become A Certified Eden Alternative™ Associate

**Cheryl George and Suellen Beatty,
Regional Coordinators for Western Canada,
are presenting a Certified Associate's Training Program at:**

Location: _____

Dates: _____

Times **9:00 am to 5:00 pm - with after hour activities
(group assignment and tour)**

Note: *Register now to ensure your space!*

Who Should Attend?

- If you want to become an active part of a movement that is going to change the nature of life in long term care for millions of people, you should join us.
- If you want to educate others about The Eden Alternative™ principles and practices, you should join us.

We are not looking for conference attendees, we are looking for active participants in our struggle to change the way people think about and operate long term care facilities. We are looking for people who want to influence others in their facility, community, and profession.

This training will provide participants with four things they need as Associates of the Eden Alternative™

- ◆ First, we will provide an in depth review of the principles of the Eden Alternative™. The Eden Alternative™ differs from ordinary long-term care programs because while they are based on innovative methods, the Eden Alternative™ is based on an innovative philosophy. Associates will be able to communicate that philosophy clearly and accurately.
- ◆ Second, we will provide a huge amount of practical operational information.
- ◆ Third, Associates will be taught how to set up and carry out their own Eden Alternative™ workshops.
- ◆ Fourth, Associates will be establishing a working relationship with their Regional Coordinators, Suellen Beatty and Cheryl George as well, as they have access to The Eden Alternative™ Home Office who will provide telephone back up for questions and problems.

Contact Information

Class Date & Location: _____

To be completed by each Eden Associate Training Participant and submitted with registration form.

If completing by hand, please print clearly (especially email addresses)

**Please be specific with capital or small letters, spaces, domain, etc. If there are any changes to the above information provided, we will appreciate if you notify our office as soon as possible.*

Visit or website for more information: www.edenhealthsolutions.com

Name: _____

Position: _____

Organization (and health region if applicable):

Organization address:

Number and Street: _____

City and Province _____

Postal Code: _____

Work phone number: _____

Fax number: _____

Work email: _____

Home address:

Number and Street: _____

City and Province: _____

Postal Code: _____

Home phone number: _____

Home email: _____

Please indicate information you would **not like to share** with other class participants on a contact list.