

# PALCARE 2017 FALL SYMPOSIUM



MARKHAM  
50 E VALHALLA DR.  
EDWARDS VILLAGE  
HOTEL

## INSIGHT INTO GRIEF, LOSS AND BEREAVEMENT

Join us for a full day to explore the important role transdisciplinary staff and volunteers can play in a journey of grief, loss, and bereavement. Celebrate the gift of caring, learn more about the unique needs of children and those experiencing complicated grief. Take away practical tools and strategies to support individuals and families in hospice and palliative care.

THURSDAY NOVEMBER 16<sup>TH</sup>, 2017  
8:30 AM - 3:30 PM

### THE GIFT OF CARE

HARRY VAN BOMMEL, M.A.D.ED



### CHILDREN'S GRIEF

ANDREA WARNICK, RN., MA.



REGISTER  
NOW!

COST PER PERSON \$100

EARLY BIRD RATE BEFORE  
OCTOBER 13TH \$80

VOLUNTEER RATE \$50

### COMPLICATED GRIEF

LINDA HOCHSTETLER MSW RSW





# FALL 2017 REGISTRATION FORM

PalCare 2017 Fall Symposium

INSIGHT INTO GRIEF, LOSS, AND BEREAVEMENT

## Session Details

Continental breakfast and buffet lunch will be provided. Please let us know of any dietary needs in advance.

**MARKHAM**  
**Thursday, November 16, 2017**  
**8:30 am – 3:30 pm**  
Edwards Village Hotel  
50 E Valhalla Dr  
L3R 0A3

Complete session details at [www.palcarenetwork.org](http://www.palcarenetwork.org). Please contact [education@palcarenetwork.org](mailto:education@palcarenetwork.org) directly to if you have any questions about the session.

## Participant Information

Name:

\_\_\_\_\_

*First Name*

*Last Name*

Address:

\_\_\_\_\_

*Street*

*City*

*Postal Code*

Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

Please specify any dietary needs: \_\_\_\_\_

**COST PER PERSON \$100**

**EARLY BIRD RATE \$80**

Before October 13<sup>th</sup>

**VOLUNTEER RATE \$50**

Payments by **CHEQUE** are payable to **Better Living Health and Community Services**. Please mail completed form and cheque to **Better Living Health and Community Services, 1 Overland Dr., Toronto, ON M3C 2C3**.

Payments made by **CREDIT CARD** may be mailed or faxed to **416-510-1104**

Type of Card:



Amount: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Expiry Date: \_\_\_\_\_