



## REGISTRATION FORM

IMPROVING WORK PROCESSES WITH RELATIONAL COORDINATION

OCTOBER 17-18, 2017/REPUBLIKKEN/COPENHAGEN, DENMARK

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Title: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Dietary Restrictions:

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**Payment Method:**  Credit Card (Invoice will come via PayPal)

Check (See below for address to mail payment)

Direct Transfer (Invoice will come via Quicken)

**Student Discount:**  Yes (Must be a full-time student to receive 33% discount; registration fee is \$1,995)  
Check box if it applies

**RCRC Partner Discount:**  Yes (Must be a Relational Coordination Research Collaborative partner to receive 10% discount; registration fee is \$2,655)  
Check box if it applies

**Multiple Participant Discount:**  Yes (2 or more people from the same organization registering for this workshop; please contact us for details)

Please send your completed registration form along with your check for \$2,950 (payable to Relationship Centered Health Care, LLC) to:

Relationship Centered Health Care, LLC  
ATTN: Anthony Suchman, MD  
277 Goodman Street North, Suite 205  
Rochester, NY 14607

We will process workshop applications in the order in which they are received. If you need to cancel after you register we cannot offer refunds, but you can transfer your fee to another course or to another person.

**Thank you and we look forward to seeing you at our October workshop!**