



Relationship Centered Health Care, LLC

REGISTRATION FORM

FINGER LAKES DIALOG

ORGANIZATIONAL PROFESSIONALISM

How organizations can be more accountable for their impact on society

GUEST SPEAKER: Barry Egener, MD

OCTOBER 29-30, 2021

Name: _____ Organization: _____
Title: _____ Address: _____
Phone: _____
Email: _____

Dietary Restrictions:

Please send your completed registration form along with your check for \$750 (payable to Relationship Centered Health Care, LLC) to:

Relationship Centered Health Care, LLC
ATTN: Anthony Suchman, MD
277 Goodman Street North, Suite 311
Rochester, NY 14607

We will process FLD applications in the order in which they are received. If you need to cancel after September 1, we cannot offer refunds for FLD registrations, 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 Finger Lakes Dialog!