

**PalCare**  
**FALL**  
**SYMPOSIUM**  
**2018**

# RESPONDING TO GRIEF, BEREAVEMENT, & LOSS

**WEDNESDAY NOVEMBER 14<sup>TH</sup>, 2018 | 8:30 AM - 2:30 PM**  
**MARKHAM 50 E VALHALLA DR. EDWARDS VILLAGE HOTEL**

Join us for the day to explore the important job transdisciplinary staff and volunteers have in responding to grief, loss and bereavement. Explore the language of loss; learn how to bear witness to the grief of youth; and gain a greater understanding of the 'work' of grief. Participants will take away practical tools and strategies to support individuals and families in hospice palliative care.



**C. ELIZABETH  
DOUGHERTY**

**EXPLORING THE FACES OF LOSS:  
CARING, SUPPORTING, EMPOWERING**



**ANDREA WARNICK,  
RN., MA.**

**STANDING IN THE FIRE:  
BEARING WITNESS AND OTHER STRATEGIES  
FOR SUPPORTING GRIEVING YOUTH**



**WENDY  
GRAHAM**

**UNDERSTANDING GRIEF – HEALING  
WITH REASONABLE EXPECTATIONS**



**REGISTER NOW!**

**COST PER PERSON \$100**

**EARLY BIRD RATE BEFORE  
OCTOBER 13TH \$80**

**VOLUNTEER RATE \$50**

Sponsored by

 **CanniMed**  
BY **AURORA**

#### Session Details

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

**MARKHAM**  
**Wednesday, November 14, 2018**  
**8:30 am – 2:30 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: \_\_\_\_\_

Security Code: \_\_\_\_\_

\*3 Digit Code on Back of Card

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

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