

Organizational Excellence: Our Journey 2009 Benchmarking Program

Registration Form:

Your Information: *(please type or print clearly)*

Company Name

Street Address

City/State/Zip

Phone

List of Attendees: *(Limited to 5 participants per facility)*

1) Name

Title and Responsibility Areas

Email

2) Name

Title and Responsibility Areas

Email

3) Name

Title and Responsibility Areas

Email

4) Name

Title and Responsibility Areas

Email

5) Name

Title and Responsibility Areas

Email

Please Register Me For:

- Thursday, September 3, 2009
Registration Deadline: Thursday, August 20, 2009

Fees: *(Continental Breakfast and Lunch Included)*

The registration fee for this day-long program is valued at \$250 per person; however, we are not accepting registration fees at this time. If you wish to make a donation of any size to our hospital's foundation, **Friends of Sacred Heart Hospital**, it would be greatly appreciated.

Submit the completed registration form to:

Sacred Heart Hospital
Organizational Learning
900 W. Clairemont Avenue
Eau Claire, WI 54701

Contact Information:

Sacred Heart Hospital
Organizational Learning
(715) 717-4265
ppendergast@shc.hshs.org

