



TRANSFORMATIONAL 3 DAY CERTIFIED EDEN ASSOCIATE TRAINING

It is fun, practical, engaging and motivating.

Come and join Suellen Beatty and Cheryl George for Certified Eden Associate Training. Through this inspiring and transformational 3-day in person experience into the world of person-directed living you will unlock the keys to transform your culture to one where people want to live and work. The Eden Alternative® is the most widely practiced and successful approach to person-directed living. Certified Eden Associate Training offers practical tools, resources, and inspiration that empower individuals and teams to transform their organizations into home.

Experience it to believe it!

Through our Ten Principles approach to person-directed living, you will:

- **Gain** practical strategies, leadership techniques and skills to transform your organization's culture to one where people want to live, work and spend time
- **Discover** how a person-directed approach to care and service improves well-being for your entire community
- **Understand** the WHAT, WHY, and HOW of the person-directed living movement
- **Leave inspired** to initiate changes that empower and care for staff as well as residents
- **Be equipped** to apply the Ten Principles of The Eden Alternative and create opportunities for well-being for all.

**Location: Riverview Health Centre
1 Morley Avenue, Winnipeg, MB**

Dates: Tuesday May 13th, 2025 to Thursday May 15th, 2025, 9:00 to 5:00 pm each day.

Register now to ensure your space!

Who Should Attend?

- Leaders from organizations along the entire care continuum who are passionate about quality of life for their residents and staff,
- Hands on care partners
- Representatives (families, volunteers, Elders, board members) of any long-term care community interested in creating a positive and healthy culture
- Policymakers who are interested in person-directed living.

This flagship training is an essential and exciting first step for organizations who wish to adopt the Eden Alternative® Philosophy and join the Eden Membership.

Certified Eden Alternative® Associate Training Program
A powerful tool for improving quality of life in long-term care

What Does It Cost?

<u>Training Sessions include</u>	<u>Price</u>
<i>Three Days of Engaging Training including Breakfast, Lunch, Snacks & Haleigh's Almanac and participant workbook.</i>	\$ 900.00 <u>(gst) 45.00</u> 945.00

REGISTRATION
CERTIFIED EDEN ASSOCIATE TRAINING – WESTERN CANADA
May 13 - 15, 2025
Riverview Health Centre
1 Morley Avenue, Winnipeg, MB

Please Print Clearly:

Attendee Name _____ Title _____
Email address _____
Organization Name _____

******* Please write your name here as you like it to appear on your certificate:**

And complete page 3 with participant contact information. Thank you.

Complete and return to: Eden Health Solutions Ltd.
401 Acadia Drive
Saskatoon, Saskatchewan S7H 2E7
Fax (306) 655-3688
Email: edenalt.canada@gmail.com

Upon receipt of your application & payment, you will receive detailed information. Full payment is due upon registration and is non-refundable the 3 weeks prior to conference.

Please submit application & payment before attending

\$900.00 plus \$45.00 GST = \$945.00
(Includes course manual, workbook & meals) \$ _____

Please consider this registration form as your invoice

Please make payment by eTransfer to the email address below.
suellen.beatty@outlook.com or send cheque to:

Eden Health Solutions Ltd.
401 Acadia Drive
Saskatoon, Saskatchewan S7H 2E7

Registration deadline is Monday, April 21st, 2025.

Contact Information

To be completed by each Eden Associate Training Participant and submitted with registration form.

If completing by hand, please print clearly (especially email addresses)

****Please be specific with capital or small letters, spaces, domain, etc. If there are any changes to the above information provided, we will appreciate if you notify our office as soon as possible.***

Visit our website for more information: www.edenhealthsolutions.com

Name: _____

Position: _____

Organization (and health region if applicable):

Organization address:

Number and Street: _____

City and Province: _____

Postal Code: _____

Work phone number: _____

Work email: _____