The Next Step: Heal Your Heart

Confronting the Legacy of Residential Schools November 18-20, 2013 | Club Regent Casino Hotel | Winnipeg. Manitoba

The Residential School Experience has left many filled with anger, fear, resentment, a loss of trust, and feeling unsafe in their own communities. This unresolved grief disconnects our mind, body and spirit; it drains our energy, and brings conflict into our relationships.

Courageously, many have shared their stories and connected with others with similar experiences. Sharing may be helpful for a short time, but it does not resolve the long term pain and anger. Resolution is a skill that must be learned. It is a learning that will last a lifetime. These skills can be easily repeated over and over again. In fact these skills can be passed on to the next generation. The Residential School Experience has harmed many lives. If you are still coping with those negative effects, this Conference and Workshop is for you.

Edu-Therapy™ Solutions invites you to participate in "The Next Step: Heal Your Heart" in Winnipeg, Manitoba, and learn about pain resolution, dealing with the physical, emotional and spiritual aspects of loss.

A Clear Path to Finding Peace Within

- Identify what is actually causing the pain
- Resolve the ripple effect of grief and loss within relationships
- Overcome the sense of powerlessness, loss of identity and loss of self
- Resolve and improve relationships with others
- Learn tools to help move your life forward

To view the Agenda, please visit: www.GoToInfo.ca/HealYourHeartAgenda To register online, please visit: www.GoToRegister.ca/HealYourHeart

For more information: Toll Free: 1-866-496-3085 Ext.201 Fax: 1-866-496-8068 Email: HealYourHeart@GoToRegister.ca *Please see page 2 for Fax-Back Registration Form





Edu-Therapy[™] Solutions A Cognitive Behavioural Process for healing grieving hearts



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FAX-BACK REGISTRATION 1-866-496-8068

The Next Step: Heal Your Heart Confronting the Legacy of Residential Schools

November 18-20, 2013 | Club Regent Casino Hotel | Winnipeg, MB

PERSONAL INFORMATION (One form per person please)

Full Name	Organization/ Company	
Address		
City/Town		
Tel. (Work) () Ext	Tel. (Home) () Fax ()	
Email		
• I attended a Residential School • I have a family member(s) who attended a Residential School		
O Other		

REGISTRATION FEES

Fees include Workshop materials; daily morning refreshments, pastries and fruit; daily lunch (buffet and refreshments); and Commencement Ceremony Evening (dinner and refreshments).

Please select below:

 Individual Rate (1-3)	\$995 + T	axes*
 Small Group Rate (4-9)	\$795 + T	axes*
 Large Group Rate (10+)	\$695 + T	axes*

*If you are GST Exempt, please provide your GST number:

TERMS & CONDITIONS

Advance registration is required by fax, email, or online. A deposit of \$395 is required to reserve each space. Fee balances will be invoiced and will be due November 1, 2013. Final participant names must be submitted by November 1, 2013. Seating for this program is limited. Registrations will be processed on a first come, first served basis. Substitute participants after November 1, 2013 will be charged an additional \$50 administration fee. Please note the Agenda is subject to change due to unforeseen circumstances of presenters or venue.

ACCOMMODATIONS & TRAVEL

The Club Regent Casino

1425 Regent Ave W, Winnipeg, MB, Phone: (204) 957-2500

Participants are responsible for all travel expenses and hotel accommodations. Accommodations must be booked directly with The Club Regent Casino. To receive a discounted rate, quote Group #253732.

FLIGHT: Book through Westjet, and receive a 10% discount. To book your reservation, call Westjet at 1-888-493-7853, Discount Code CC8029. Please note discount code is not available for use on <u>www.WestJet.com</u>.

To see Agenda: www.GoToInfo.ca/HealYourHeartAgenda To register online: www.GoToRegister.ca/HealYourHeart

PAYMENT

Total Payable: \$_____

O CHEQUE

Please make payable to "Edu-Therapy Solutions"

- Fax completed form to: 1-866-496-8068
- Mail to: Edu-Therapy Solutions
 188 Charlotteville Rd. West Quarter Line
 St. Williams, ON NOE 1P0

Name:

O INVOICE

Organization: _____

Email: _____

• Fax completed form to: 1-866-496-8068

0	PURCHASE	ORDFR #	

O CREDIT CARD: O Visa O MasterCard

Card Number _____

Cardholder Name _____

Exp Date ____/ Authorized Amount \$_____

Signature _____

For more information or to register:
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