



HEALING CARE

a ministry of formational prayer

Equipping the Small Group Leader

Date and Time: October 26-28, 2017

Registration begins at 8:00 am Thursday and seminar concludes at 4:00 pm Saturday.

Cost: \$325.00

A \$125 deposit is due upon registration. Final balance is due at the seminar. There is a \$25 administrative fee for all cancellations or date transfers. Deposit is non-refundable after September 29, 2017.

Place: First Presbyterian Church

320 Church Street (on the corner of 3rd and Church) Ashland, Ohio 44805

Meals: Directions to local restaurants will be available at registration desk

Lodging: List of area hotels will be emailed in registration confirmation.

More information:

Call Lynne Lawson at 419-496-0388 or email: LLawson1@ashland.edu

This seminar is available to anyone interested in sharpening their skills in the area of group dynamics. By utilizing the small group process, a skillful caregiver can impact larger numbers of individuals while nurturing a natural support system.

The following four principles will be the focus of this event

- How to Create a Healing Community
- Learning Small Group Process and Dynamics
- Using Challenges to Facilitate Growth
- Understanding/Working with Personality Dysfunction

The Small Group Seminar was created for those who minister in the area of inner healing within the context of community. This event will include: a small group experience, hands on opportunities, lectures on the foundations of group work, as well as, aspects of spiritual formation. These essentials are necessary elements needed to create safety for emotional and spiritual growth in a healing group.

Donna Thomas, LPCC, Dmin
Kimberly Moraghan LPCC-S
Sandra Vilela, Counselor and Sr Caregiver
Mike Parker, Pastor and Caregiver

REGISTRATION FORM

Equipping the Small Group Leader: October 26-28, 2017

Name: _____ Telephone: () _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____

Group Name (three or more register together) _____

CHECK (Make check payable to Healing Care, LLC)

CREDIT CARD

Credit Card # _____

Expiration Date _____ Security Code _____

Name on card _____

SPACE IS LIMITED TO 60 REGISTRATIONS

Please detach this registration form and mail with

\$125.00 deposit to:

Healing Care, LLC

PO Box 772

Ashland, OH 44805

A \$25 administrative fee for all cancellations or date transfers

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