



Facilitator's Training

SpeakSooner[®]: A Patient's Guide to Difficult Conversations

Saturday, April 4, 2020

Application Form

Name: _____

Address: _____

Email address: _____

Phone: _____

Professional affiliation (if any):

Education and training:

Other pertinent interests:

Narrative questions: *please use additional sheets as necessary*

What draws you to this work?

How do you envision using this training?

Goals for this training?

Please return the application to the Center for Communication in Medicine, PO Box 197, Bennington, VT 05201