



# WORKSHOP SYLLABUS AND MATERIAL ORDER

To: Institute for Healthcare Communication Tel: (800) 800-5907  
Fax: (203) 772-1066 E-mail: [Info@HealthCareComm.org](mailto:Info@HealthCareComm.org)

Don't forget to enter your workshop information through IHC's website at [www.healthcarecomm.org](http://www.healthcarecomm.org)

Date of Workshop: \_\_\_\_\_

NAME OF WORKSHOP	QUANTITY	COST	TOTAL
Candid Conversations: Talking with Female Pts. about Sexual Health			
Care Not Cure: Dialogues at the Transition			
Choices and Changes: Motivating Healthy Behaviors			
Choices and Changes Laminated Skills Card			
Clinician-Patient Communication to Enhance Health Outcomes			
Clinician-Patient Communication Laminated Skills Card			
Connected: Communicating and Computing in the Exam Room			
Conversations during Serious Illness			
"Difficult" Clinician-Patient Relationships			
Disclosing Unanticipated Medical Outcomes			
The Empathy Effect: Countering Bias to Improve Health Outcomes			
Patient-Centered Medical Home			
Strangers In Crisis			
Treating Patients with C.A.R.E. <input type="checkbox"/> Accelerated Learning Edition			
Treating Patients with C.A.R.E. Laminated Skills Card			
Coaching for Impressive Care for Managers and Supervisors			
Individual Clinician Coaching to Enhance Health Outcomes			
Tent cards			
<b>TOTAL</b>			
<b>SHIPPING CHARGES WILL BE APPLIED TO THE TOTAL ORDER AT COST</b>			

Name of Faculty: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_  
 (if different from faculty) \_\_\_\_\_  
 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**SHIP TO:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
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**BILL TO (IF DIFFERENT FROM SHIP TO):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PAY BY CREDIT CARD**  
 CARD TYPE:  MasterCard  Visa  Discover  American Express  
 NAME ON CARD: \_\_\_\_\_  
 CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ SECURITY CODE \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Purchase Order Number (if applicable): \_\_\_\_\_

Comments: \_\_\_\_\_