

## Shelter Managers Meet & Retreat!

Managing Conflict: Yours, Theirs and Ours

**April 13 and 14, 2010**

Tuesday, 10:00 am - 5:00 pm and  
Wednesday, 9:00 am - 3:00 pm  
**Bavarian Lodge Retreat Center**  
Leavenworth, WA

### CONTENT

Conflict can be extremely stressful. Conflict can also be a tool for growth. How can you as a shelter manager transform conflict on all levels of your shelter into a learning mechanism? You will be able to learn from and support one another on lessons learned from common conflict areas and have space for creativity and healing around some of our most difficult challenges.

### WHO CAN JOIN?

The Shelter Management Leadership Network is for **shelter managers, direct services directors, emergency housing coordinators**, or whatever other title your agency uses for the person or persons responsible for managing your shelter program.

### WHAT DOES IT COST?

**\$75 per person** for Member Programs. The registration fee is all-inclusive and covers your lodging, all meals, materials and workshops. Space is limited and priority may be given to DSHS-Funded Shelter Managers.

\*\* If you are an Associate Member or a Non-Member and would like to participate in this retreat, please contact Linda@wscadv.org. \*\*

### A NOTE ABOUT LODGING:

WSCADV will make your room reservations for you. All rooms are double occupancy. If you have a preference on who you would like to room with, please note that on your registration form. If you have special room requirements, please contact Sandi@wscadv.org.

### QUESTIONS?

Contact Linda Olsen, Shelter Support Project at:  
Phone: (206) 389-2515, Ext. 205  
Email: linda@wscadv.org

**Register online at [www.wscadv.org](http://www.wscadv.org)**  
or Fax or Mail this registration form to (360) 586-1024 or  
WSCADV, 711 Capitol Way, Suite 702, Olympia, WA 98501

## REGISTRATION FORM

\_\_\_\_\_  
Name

\_\_\_\_\_  
Program

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone (incl. area code)

\_\_\_\_\_  
Email

### **Please choose all that apply:**

- I will need vegetarian meals
- I will need vegan meals
- I have other meal needs (specify): \_\_\_\_\_
- I will need an interpreter (specify): \_\_\_\_\_
- I will need other accommodations (specify): \_\_\_\_\_

**(Please request interpreters by the registration deadline)**

I would like to room with: \_\_\_\_\_

### **Payment Options:**

- Check enclosed: Payable to WSCADV
- Please charge my credit card. We accept Visa or Mastercard.  
Card number: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Card holder signature: \_\_\_\_\_ V-code: \_\_\_\_\_
- I paid online
- Please invoice me

**REGISTRATION DEADLINE: MARCH 31, 2009**

**Space is Limited - Register Early!**