

## Providers' Council Healing Racism Seminar

**DATES:** Monday, October 29<sup>th</sup> and Tuesday, October 30<sup>th</sup> 2018

**TIME:** 8.30AM to 4.30PM (both days)

**LOCATION:** JRI. 160 Gould Street, Needham

**CAPACITY:** 30 participants from 15 organizations

**COST:** \$425/person

[The Healing Racism Institute of Pioneer Valley](#) is partnering with the Providers' Council to offer a private session of Healing Racism to the Council's membership.

The Healing Racism Institute of Pioneer Valley's (HRIPV) two-day signature program starts a community-level dialogue about the intersection of race and history of racism that raises awareness on a community-level but also challenges how people define diversity as well as how people view themselves and others. The HRIPV has an innovative approach to elevating people's consciousness about the causes and effects of racial divisiveness with the goal being the elimination of race-based bias and discrimination. The Healing Racism experience is rooted in honest conversations, providing an understanding of the pathology of the disease of racism and what constitute the wounds caused by it; sharing of history and about the personal experience of race and racism; identifying the signs and symptoms of racism in our everyday lives and businesses; and tools to continue addressing racism in our lives and workplace.

The Providers' Council and HRIPV are excited to offer a special session of this seminar exclusively for members of the Council. Space is limited to 30 participants from 15 member organizations (two executive-level staff from each organization). This seminar is 8:30AM to 4:30PM on Thursday, January 11<sup>th</sup> and Friday, January 12<sup>th</sup>. *Participants must attend both days in their entirety.*

If you have questions about this seminar, please contact Amanda McCarthy, Education & Membership Associate at [amccarthy@providers.org](mailto:amccarthy@providers.org) or 617.428.3637 x128.

To register, submit this form to Amanda McCarthy at [amccarthy@providers.org](mailto:amccarthy@providers.org).

**Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

*By signing here, I acknowledge that I must attend both days in their entirety. I understand that the Council will bill my organization \$395 per attendee, and I will submit payment by October 19, 2018.*

Signature: \_\_\_\_\_