

About Southdown

The Southdown Institute is an accredited 22 bed residential treatment centre dedicated to serving clergy and vowed religious. We are located in a pastoral setting north of Toronto.

Southdown offers comprehensive clinical and candidate assessments, a 14-week Residential Program, followed by a Continuing Care Program, outpatient psychological services, as well as consultation, education and outreach.

The best of psychological science and practice are integrated with the wisdom of the Catholic spiritual tradition through the efforts of an interdisciplinary team of professionals.

CONTACT

The Southdown Institute
18798 Old Yonge Street
Holland Landing, ON L9N 0L1
Canada

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www.southdown.on.ca
events@southdown.on.ca

Listening to the Teacher Within

Retreat Conference for
Women Religious
in Congregation Leadership

JULY 24 - 28, 2017
TORONTO



Leadership calls forth the use of many skills and strengths. There are experiences that can surprise us and challenge us at the same time. Taking time to withdraw, step back and review how these experiences are impacting one's life and spirit is important. Input will include integrating leadership experiences and finding God in the daily routine. This will be a retreat format conference with daily input, time for quiet, for reflection, and for process. The schedule will include group prayer and group sharing. The facilitators will be available for private consultation during the day.

Participants

Because of the format style, participants will be limited to 20.

Facilitators

Febe Aguirre
MEd, CSD

Dorothy Heiderscheit OSF
MSW, ACSW, RSW

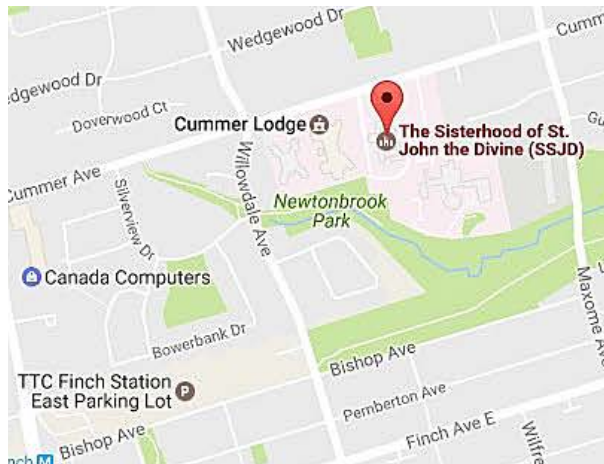
Fee

\$850 pp which includes room, board and conference.

Place

St. John's Convent and Guest House
233 Cummer Avenue
Toronto, ON M2M 2E8
T: 416-226-2201

Detailed directions available on SSJD
website: <http://www.ssjd.ca/contact.html>



Registration

By phone:
905-727-4214 ext. 107

By email:
dheiderscheit@southdown.on.ca

Forms of payment:

- ___ cheque
(payable and mailed to
The Southdown Institute)
- ___ credit card (Visa, MasterCard)

Name on the Card

Card # _____

Expiry (mm/yy) ___/___

Signature _____