

February CDS Member Event – Monday, February 13, 2023

Cooper Creek Event Center, 4040 Cooper Road, 45241

Sponsored in part by: KeyBank

“Burnout and Resiliency” with Diane Kinsella, CEO, Journey to Hope ***An excellent program for you, your staff and/or guest!***

What's creating YOUR sense of Burnout? Ever feel overwhelmed and exhausted by everything you need to do and yet still worry you're not doing enough?

Join us to figure out what wellness can look like in your actual/real-life and practice, confront the barriers that stand between you and your own well-being, put those barriers in context, and map out paths around, over, or through them - and succeed!



Diane Kinsella is an International Coaching Federation (ICF) certified coach, a Certified Daring Way™ Facilitator with Brené Brown and a RIM™ Facilitator. Diane's life mission is to support people as they grow into the best version of themselves, living life by design. Diane received her B.B.A. in Management from the University of Cincinnati and then later in 2009 received her Master of Arts in Religious Studies with an emphasis on Spiritual and Pastoral Care at Mount St. Joseph.

Journey to Hope empowers people with the skills to cope and adapt when life takes a difficult turn. They do that through coaching groups in the arenas of physical, emotional, financial, and spiritual well-being.

EMERGE by Journey to Hope is a social enterprise that financially supports the nonprofit work of Journey to Hope.

Schedule: 6:15 pm – Appetizers Served and Cash Bar *** 7 to 8:00 pm – Presentation **ONE (1) CE GIVEN**

Fee/Guest: **CDS Member, complimentary**, Non-Members/Guest/Staff of CDS Member, \$35 each

The Cincinnati Dental Society is an ADA CERP Recognized Provider approved by the ODA.

REGISTRATION FORM FOR FEBRUARY 13, 2023 – Deadline to register is February 3, 2023

Dentist Name: _____ Phone #: _____

Guest/Staff Name(s): _____

Number Attending _____ Total \$ _____ Check Made Payable to Cincinnati Dental Society

Credit Card # _____ Amount _____

Exp _____ CVV _____ Zip Code of Billing Address _____

Please fax registration form to the Cincinnati Dental Society's Executive Office, 513-984-3047.

PLEASE NOTE: IF A RESERVATION IS MADE AND NOT HONORED YOU WILL BE RESPONSIBLE FOR THE EVENING'S EXPENSE OF \$35 PER PERSON.