



CMSC LEADERSHIP CERTIFICATION PROGRAM
Fall Leadership Retreat
SUNDAY, SEPTEMBER 26, 2010



OVERVIEW

The Annual Fall Leadership Retreat is the foundation of the Chicago Medical Student Council Leadership Certification Program. However, all students are encouraged to attend whether or not they intend to complete the Leadership Program. (At least one student representative from each CMSC-affiliated student organization is required to attend in order to be eligible for funding.) The objective of the retreat is to foster teambuilding skills. However, it serves as a way for student leaders to become acquainted with one another, in hopes that further collaboration will ensue.

RETREAT SCHEDULE

The Fall Leadership Retreat is a full-day event. The retreat is held at the Outdoor Wisconsin Leadership School (O.W.L.S.) in Williams Bay, WI—and, including travel time, will last from 6AM to 6:30PM. Actual retreat activities will be from 9AM to 4:30PM—so there is time to sleep, study or socialize on the bus. It may seem like a big time commitment—but, most students enjoy the opportunity to relax and unwind far away from campus and from the city. Food is provided throughout the day.

WHAT TO EXPECT

Of utmost importance, expect to have fun. There are a variety of activities throughout the day—some more physically demanding, others less so. Participation is highly encouraged—but, if you feel uncomfortable at any time, you can just sit out that activity. Keep in mind that the retreat is an outdoor event. Expect to be moving around—so dress in comfortable clothing and in layers.

HOW TO REGISTER

Simply turn in a Registration Form (on back), a Health Information Form, Release of Liability Form and a \$30 FULLY REFUNDABLE deposit (checks made payable to “Chicago Medical Student Council”). Your deposit will be returned to you after completion of the Leadership Retreat.

QUESTIONS

Contact Brian Bamberger, CMSC Representative to the UMSC, at bambergr@uic.edu





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REGISTRATION FORM

Name: _____ Class: _____

Email: _____ Cell Phone: _____

Organization(s) you are representing (if applicable): _____

Do you have any special dietary requirements? Yes _____ No _____
If yes, please explain: _____

Will you be using the bus transportation provided? Yes _____ No _____
If not, please explain why: _____

How many times have you participated in the Leadership Retreat? _____

Please return this registration form, along with the OWLS Health Form, OWLS Participant Information/Liability Release Form, and \$30 **refundable** check to the office of Rachel Maldonado in OSA or to Brian Bamberger. Please make the checks payable to "Chicago Medical Student Council."

Your check is returned IN FULL upon participation in the retreat.