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A System of Signs, Scheib, Social Science Press, 1986, 0949218324, 9780949218322, . .

Simulacra and Simulation , Jean Baudrillard, 1994, Literary Criticism, 164 pages. The first full-length translation in English of an essential work of postmodernist thought.

Theatre Semiotics Text and Staging in Modern Theatre, Fernando de Toro, 1995, Literary Criticism, 201 pages. Theatre Semiotics provides a thorough argument for the place and the necessity of semiotics within the interpretive process of theatre..

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Members of Aboriginal, Torres Strait Islander and Maori communities are advised that this catalogue contains names and images of deceased people. All users of the catalogue should also be aware that certain words, terms or descriptions may be culturally sensitive and may be considered inappropriate today, but may have reflected the author's/creator's attitude or that of the period in which they were written.

I have a strong background in both residential and commercial construction. Before attending my studies at The Pennsylvania State University, I experienced several years of labor in start-to-finish residential construction. At PSU, I was able to enhance my knowledge of building science. I earned a Master of Architectural Engineering with a focus in Mechanical Design. The education gained during my studies gave a holistic understanding of the built environment. This is pivotal in understanding the decision making process of large commercial projects. My goal is to apply this knowledge and skill set in my role as an Account Manager to help consult architects in designing energy efficient building enclosures. In addition, by working directly with General Contractors, subcontractors, and the distribution channel, I wish to enhance the level of understanding energy efficient construction practices.

There are two sides to this role. On one side, I create commercial demand by informing the design community the value of Dow Building Solutions products; help create specifications; and solve building enclosure related problems. By first gaining a solid understanding of the program goals, I am able to help design a system that meets the needed criteria both financially and in performance.

On the other side, I manage the distribution channel in this territory. This takes a strong understanding of market conditions, distribution needs, and customer advocacy. It is a relationship driven business and by understanding the customer's goals, passions and struggles, I am able to generate value and a relationship based on trust.

The Pinnacle Award is presented each year to those who exemplify leadership, commitment and passion for their work, and whose performance contributes significantly to the Company's goals. Employees who receive this prestigious award are acknowledged for their achievements by their leaders and peers across Dow.

I am a dedicated, practical and entrepreneurial lawyer who greatly enjoys the challenges facing financially distressed companies and their various stakeholders. With my experience and expertise, I find solutions that not only work, but work in the most practical and efficient manner possible for my clients.

Scheib was plagued with a high employee turnover rate due to the demands of attempting to paint up to five cars a day. The company's main criterion in hiring and promoting management trainees was based on sales skills only. Knowledge of auto body repair or painting techniques was not required. Trainees underwent a short training period and were then assigned to their own shops. Managers who failed to increase sales for three successive months were fired, regardless of seniority.

In the 1950s, Earl Scheib expanded his company with locations across the nation and started a national ad campaign. Earl wrote the commercials and became the company spokesman. He became famous for his slogan, "I'm Earl Scheib, and I'll paint any car, any color for \$29.95. No ups, no extras." This campaign and slogan was maintained until Earl died. However, the price was slowly increased over the years. By 1970 it was \$99.95, still a very low price for 1 day service.

In 1997 the company devised a "Fast Track" Management training program and recruited college and business school graduates for immediate placement in upper middle management positions, requiring relocation to another state upon completion of the program. Scheib's corporate office and shareholders were dismayed to find that 85% of those participating in the program resigned upon relocation. After Scheib's death, the company was sold to former college basketball champion Chris Bement and Dan Siegal, who made his fortune in Las Vegas winnings, and other investors. Improvements were made in the quality of paint and a corporate restructuring.

In 1999, the company began closing branches and selling company owned properties to show a profit to shareholders. The organization reduced the number of its shops as a result of this practice, with most of its remaining centers in the western States, where rust and corrosion is less likely to be a problem.[1]

Earl Scheib ceased operations nationwide on July 16, 2010. The corporation can no longer honor its customer warranties. The company allowed many of its shop managers to become a small business owner by allowing them to purchase the equipment and fixtures in their shops, and to use the Earl Scheib name for their business. Many shop managers became business owners under this model. The majority of shops were closed; leased locations were turned back over to the Landlords, and if the real estate was owned by Scheib, then those locations were sold.

Jay Scheib--named one of 25 artists who will shape the next 25 years of theater by American Theater Magazine--returns to the ICA stage. His video-infused *This Place is a Desert*, the first theater piece ever presented in our waterfront theater, thrust him into the critical spotlight. This new work, based on Samuel R. Delany's epic science fiction novel, is part two of *Simulated Cities/Simulated Systems*, Scheib's trilogy of multimedia performance works.

Bellona, a once illustrious city, has been decimated by a mysterious cataclysmic event, leaving it all but forgotten. Its people try to understand why buildings repeatedly burst into flames and city streets

appear to rearrange themselves, citing race-related violence and a social experiment gone wrong. A parable of the dangers facing the modern American city, Bellona, Destroyer of Cities explores the shaping of space to express complex issues of race, gender, and sexuality. The production combines passages from Delany's novel with original material and video and photography by Scheib and artist Carrie Mae Weems.

Background: Deaths attributed to lack of preventive health care or timely and effective medical care can be considered avoidable. In this report, avoidable causes of death are either preventable, as in preventing cardiovascular events by addressing risk factors, or treatable, as in treating conditions once they have occurred. Although various definitions for avoidable deaths exist, studies have consistently demonstrated high rates in the United States. Cardiovascular disease is the leading cause of U.S. deaths (approximately 800,000 per year) and many of them (e.g., heart disease, stroke, and hypertensive deaths among persons aged <75 years) are potentially avoidable.

Methods: National Vital Statistics System mortality data for the period 2001-2010 were analyzed. Avoidable deaths were defined as those resulting from an underlying cause of heart disease (ischemic or chronic rheumatic), stroke, or hypertensive disease in decedents aged <75 years. Rates and trends by age, sex, race/ethnicity, and place were calculated.

Results: In 2010, an estimated 200,070 avoidable deaths from heart disease, stroke, and hypertensive disease occurred in the United States, 56% of which occurred among persons aged <65 years. The overall age-standardized death rate was 60.7 per 100,000. Rates were highest in the 65-74 years age group, among males, among non-Hispanic blacks, and in the South. During 2001-2010, the overall rate declined 29%, and rates of decline varied by age.

Conclusions: Nearly one fourth of all cardiovascular disease deaths are avoidable. These deaths disproportionately occurred among non-Hispanic blacks and residents of the South. Persons aged <65 years had lower rates than those aged 65-74 years but still accounted for a considerable share of avoidable deaths and demonstrated less improvement.

Implications for Public Health Practice: National, state, and local initiatives aimed at improving health-care systems and supporting healthy behaviors are essential to reducing avoidable heart disease, stroke, and hypertensive disease deaths. Strategies include promoting the ABCS (aspirin when appropriate, blood pressure control, cholesterol management, and smoking cessation), reducing sodium consumption, and creating healthy environments.

In the 1970s, a method for measuring the quality of medical care through identifying "untimely and unnecessary" deaths was proposed (1). This concept has since been expanded to include deaths attributed to lack of preventive health care (i.e., preventing cardiovascular events by addressing risk factors) or timely and effective medical care (i.e., treating patients who have cardiovascular conditions); these deaths are defined as avoidable (2). Although no standard method for measuring avoidable deaths exists, Canada (3), the United Kingdom (4), and the European Union (5) have introduced avoidable death measures for their surveillance systems. In several previous studies, the United States ranked higher in avoidable death rates compared with other industrialized countries (6).

Heart disease is the leading cause of death in the United States, and cardiovascular disease accounts for nearly 30% of all deaths annually (nearly 800,000 deaths) (7). Many heart disease and stroke deaths could be avoided through improvements in lifestyle behaviors, treatment of risk factors, and addressing the social determinants of health (i.e., economic and social conditions that influence the health of individuals and communities). Unhealthy lifestyle behaviors (e.g., tobacco use, inadequate physical activity, poor diet, and excessive alcohol use) coupled with uncontrolled hypertension, elevated cholesterol, and obesity account for 80% of ischemic heart disease mortality and approximately 50% of stroke mortality in high-income countries such as the United States (8). Hypertension is the single most important risk factor for stroke, and its control is essential to reducing death from stroke (8). Additional medical interventions, such as secondary prevention and evidence-based procedures to treat ischemic heart disease and stroke, have been shown to reduce

deaths in the United States (9,10).

Mortality data from the National Vital Statistics System for the period 2001–2010 were analyzed. Bridged-race July 1 population estimates produced by the U.S. Census Bureau in collaboration with the National Center for Health Statistics were compiled using intercensal estimates for the period 2001–2009 and postcensal estimates for 2010.

By state, avoidable deaths from heart disease, stroke, and hypertensive disease in 2010 ranged from 36.3 to 99.6 per 100,000 population in Minnesota and the District of Columbia, respectively, a greater than two-fold difference (Table 2). All states experienced declines in rates for these avoidable causes during 2001–2010, ranging from an AAPC of -1.6 in Wyoming to an AAPC of -6.1 in New Hampshire. By county, the highest avoidable death rates in combined years 2008 to 2010 were concentrated primarily in the southern Appalachian region and much of Tennessee, Arkansas, Mississippi, Louisiana, and Oklahoma, whereas the lowest rates were located in the West, Midwest, and Northeast census regions (Figure 2). Within states, substantial variation often occurred in the county rates, with some states experiencing a fourfold difference in death rates among counties (e.g., Colorado, Virginia, Kentucky, and Maryland).

Avoidable death rates from heart disease, stroke, and hypertensive disease in the United States vary by age, race/ethnicity, sex, place, and time. In 2010, an estimated 200,070 avoidable deaths from these causes occurred in the United States. Although the highest death rate occurred among those aged 65–74 years, the younger age groups (aged <65 years) still experienced a substantial number of avoidable deaths and a relatively slower rate of decline during 2001–2010. The avoidable death rate among blacks was nearly twice that of whites. Counties with the highest avoidable death rates were located primarily in the South census region.

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