

18th ANNUAL EDUCATION & RESEARCH CONFERENCE

"Making an Impact in the World of Dementia Care!"

Alzheimer's Association

November 4, 2015

Holiday Inn Harrisburg-Hershey
Grantville PA

2015 Fall
Conference

Dr. James A. Hendrix - *Global Research Updates*

*- Director, Global Science Initiatives and Medical Science Relations,
Alzheimer's Association*

Dr. Craig Jurgensen - *The Doctor as the Caretaker*

- Retired Neurologist, Caregiver

Kerstin Betterman, M.D., Ph.D. - *Vascular Dementia Discussion*

*- Associate Professor of Neurology, Neural and Behavioral Sciences and
Ophthalmology, Penn State College of Medicine*

**Rhonda Nelson, Ph.D., CTRS ; Lauren Schumacher - *Using the Beamz
for Recreational Music Making in Older Adults with Cognitive Decline***

-Associate Professor , Temple University , Philadelphia PA

Plus:

*2015 Alzheimer's Association National Early Stage Advisor –Perspectives on Living
with Younger Onset Alzheimer's*

Caregiver Perspectives

*CEU's available for PCHA, NHA, NASW, NURSING

Save the Date!
November 4, 2015

Alzheimer's Association
Greater Pennsylvania Chapter
2595 Interstate Dr., Suite 100
Harrisburg, Pa 17110



For more information contact:
Candy Yingling
cyingling@alz.org
www.alz.org/pa
717-651-5020 ext. 2125
Helpline 1-800-272-3900

alzheimer's  association®

THE BRAINS BEHIND SAVING YOURS.™



**2015 FALL EDUCATION AND RESEARCH CONFERENCE
 MAKING AN IMPACT IN THE WORLD OF DEMENTIA CARE
 HOLIDAY INN HARRISBURG/HERSHEY | NOVEMBER 4, 2015 | 8:00 am – 4:30 pm**

REGISTRATION FORM *(PRINT CLEARLY)*

Please photocopy for multiple registrations

Name: _____

Organization: _____ Work Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Email: _____

Registration Fees:	# attending	amount due
Professional	_____ x \$80 =	\$ _____
AA Healthcare Partner each additional attendee	_____ x \$72 =	\$ _____
Family Care Partner / Person Living with Alzheimer's	_____ x \$30 =	\$ _____
<i>Additional CEU Fees (if applicable)</i>		
Professional Certificate of Attendance - PCHA	_____ x \$10 =	\$ _____
Professional Certificate of Attendance - NHA	_____ x \$10 =	\$ _____
Professional Certificate of Attendance - Nursing	_____ x \$10 =	\$ _____
Social Work-PA State Board of Social Workers, Marriage and Family Therapists and Professional Counselors		
NASW- PA Member	_____ x 15 =	\$ _____
NASW-PA –Non-member	_____ x \$25 =	\$ _____
	Total enclosed	\$ _____

Mail registration and payment to: Alzheimer's Association-Greater PA Chapter
 Attn: Education Conference - Candy
 2595 Interstate Drive, Suite 100
 Harrisburg PA, 17110

Please note:
 If you are concerned about the timeframe of check requests and/or deadline; please make note of the information on this form. We are also happy to provide an invoice if necessary.

Credit Card Payment: Visa or MasterCard ONLY (faxed to 717.651.5066 or emailed to cyngling@alz.org)

Card Holder Name: (please print) _____

Card Holder Address (if different than above): _____

Card Number: _____ Exp Date: _____

Card Code: _____ Signature: _____

Due to guarantee counts, registered guests who are a 'no show' will be charged full price