



FAMILY CAREGIVER Registration Form

FIRST Name:

LAST Name:

Email:

Address:

City:

State:

Zip Code::

Phone: (_____) _____

Conference Fee: Early Bird rate (before April 13, 2018): \$30 Rate After April 13: \$35
(Fee includes continental breakfast, materials, lunch)

Mail payment with form to: **2805 Wehrle Drive, Suite 6, Williamsville, NY 14221**

Make checks payable to: **Alzheimer's Association WNY**

—or—

If paying by credit card, please include this information:

Card Number: _____ Expires: _____/_____/_____ Security Code: _____

Signature: _____

(Please fill out information on reverse side.)

Family Caregiver

Please place an 'X' in the box for the program in each session you would like to attend.

When you check-in for the conference on the morning of April 27, cards will be ready for you that indicate the program you have chosen and the room location.

Breakout Session #1—choose ONE:

Making Legal and Financial Plans in the Face of Dementia

Commanding Caregiver Wellness

Breakout Session #2—choose ONE:

Dementia Research Update

Decoding and Managing Challenging Behaviors

LUNCH CHOICE—please choose ONE option:

(if you have dietary restrictions, please indicate that on the blank line)

Chicken

Vegetarian Pasta

Gluten-free

If you have questions about this form, or would like more information about the conference, please call **1.800.272.3900**.



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