



PROFESSIONAL/STUDENT Registration Form

FIRST Name:

LAST Name:

Email:

Address:

City:

State:

Zip Code:

Phone:

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Please Check One:

Professional Fee including CEUs/Contact Hours BEFORE April 13: \$150.00 / After: \$160.00

- Administrators** (Assisted Living and Skilled Nursing): This program has been submitted (but not yet approved) for Continuing Education for 4 total clock hours from NAB/NCERS
- Activities Professionals:** This program has been submitted for approval (pending) for 4 clock hours of continuing education by the National Certification Council for Activities Professionals
- NYSED Social Work Contact Hours:** Offered in collaboration with the University at Buffalo School of Social Work, Office of Continuing Education; recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #0001. Full attendance is required for each session; no partial credit will

Professional Fee WITHOUT CEUs/Contact Hours BEFORE April 13: \$125.00 / After: \$135.00

Student fee (NO CEUs/Contact Hours available) BEFORE April 13: \$50.00 / \$55.00

Mail payment with this 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.)

Professional 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:

Person-Centered Approaches to Challenging Behaviors

Pharmacology, Medication and Dementia

Breakout Session #2—choose ONE:

Promoting Strengths through Creative Engagement

Latest in Dementia Research

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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