

ALZHEIMER'S ASSOCIATION CONNECTICUT CHAPTER

2017 DEMENTIA EDUCATION CONFERENCE: April 6, 2017

REGISTRATION FORM

Name _____
Job Title _____
Organization _____
Address _____
City _____ State _____ Zip _____
Daytime Phone _____ Fax _____
E-mail _____

How did you hear about the conference? (Check which apply)

- Association Staff
Advertisement/Newspaper
Chapter Newsletter
Email Announcement
Flyer
Co-worker/Friend
Other (Please Specify)

Please make 2 selections per session (List by program number)

10:15 am - 11:30 am 1st choice _____ 2nd choice _____
1:00 pm - 2:15 pm 1st choice _____ 2nd choice _____
2:30 pm - 3:45 pm 1st choice _____ 2nd choice _____

Cost includes continental breakfast, mid-morning and afternoon refresher plus lunch, three breakout sessions, morning Keynote Speaker. Limited scholarships are available for family caregivers. For more information call 860-828-2828

Table with 5 columns: Registration Fee, Professional, Non-Professional/Student, No. of Attendees, Line Total. Includes rows for Registration Fee, Group Rate, and Continuing Education Credits.

TOTAL ENCLOSED = _____

For continuing education credits, please check the applicable box:

- Contact Hours RN/LPN
CEUs Social Worker
CMEs Physician

PAYMENT MUST ACCOMPANY REGISTRATION.

Check enclosed (payable to Alzheimer's Association) Visa/Mastercard/American Express

Credit Card # _____ Exp. Date _____

Name on Credit Card _____ Signature _____

Purchase order # _____

REGISTRATION WILL NOT BE PROCESSED UNLESS ACCOMPANIED BY PAYMENT OR PURCHASE ORDER.

REGISTRATION INSTRUCTIONS

Registrations must be postmarked by March 31, 2017.

Additional forms available at www.alz.org/ct

Early registration is encouraged.

Cancellations must be received by April 5, 2017 for a refund.

Photo Consent Agreement:

I understand that my photo may be taken at this conference and that said material may be used in future conference materials. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotion of this event.

Mail or fax this registration to:

Alzheimer's Association, Connecticut Chapter, 200 Executive Blvd., Suite 4B, Southington, CT 06489

Fax: (860) 571-8613 Questions: Phone: (860) 828-2828