



Spring 2015 Conference
REGISTRATION FORM

Name: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

County: _____

E-mail: _____

Cost: Please check appropriate category

____ \$75.00 Professional

____ \$67.50 Professional (AA Healthcare Partner only)

____ \$30.00 Family caregiver (does not include CNAs)
(will not receive attendance certificate)

Select one CEU category:

____ **6 NHA** ____ **6 PCHA** ____ **6 PSNA** ____ **6 CCM**

____ **6 SW** ____ **No CEU**

****Nursing CEU's** (as stated in section 21.132, 133, 134 Rules & Regulations) "The Board will accept hours of CE as designated by approved provider, so long as each hour is at least 50 minutes of activity, and 1/2 hour is at least 30 minutes of activity." Alzheimer's Association is an approved provider. Nurses wanting CEU credits must keep brochure and certificate together.

Make checks payable to:

Alzheimer's Association
1100 Liberty Ave, Suite E-201
Pittsburgh, PA 15222
Phone: 412-261-5040 x 3106
Fax: 412-325-1684

Credit Card Payment:

Cardholder name: _____

Address Associated with Credit Card: _____ Same

Card Number: _____

Card Code: _____ Exp Date: _____

Signature: _____

Credit card registration may be faxed to 412-325-1684

Online registration: act.alz.org/2015SpringConferencePgh

**BREAKFAST AND LUNCH ARE INCLUDED
PRE-REGISTRATION IS REQUIRED**

Registration must be received by May 8, 2015.

Cancellations must be acknowledged 10 working days before program to receive a full refund. Any cancellations requested after 10 days will not be refunded.

May 21, 2015 – 8:30 AM – 4:30 PM
Double Tree by Hilton (Formally Four Points by Sheraton)
910 Sheraton Drive - Mars, PA 16046