

AA16CC & C

alzheimer's association

2016 Care & Conquer

REGIONAL EDUCATION CONFERENCE



AGENDA

7:30am - 8:45am	Registration and Breakfast
9:00am - 9:15am	Welcome and Introductions
9:15am - 10:15am	Opening Session
10:15am - 10:30am	Exhibits and Break
10:30am - 11:30am	Breakout Sessions
11:30am - 12:30pm	Exhibits and Lunch
12:30pm - 1:30pm	Keynote Speaker
1:45pm - 2:45pm	Breakout Sessions
2:45pm - 3:00pm	Exhibits and Break
3:00pm - 4:00pm	Advocacy Panel

2016 REGIONAL EDUCATIONAL CONFERENCE

The annual **Regional Education Conference** provides valuable information for persons affected by Alzheimer's disease, their families, and professionals. Renowned dementia experts share helpful resources and present the newest updates in research. Professionals can earn 5 CEU credits at the conference.



BREAKOUT SESSIONS

Dr. Mark Todd

Behaviors and Communication with someone with Alzheimer's Disease

Attorney Hank Cleare

Financial Strategies

Mary Underwood

The Positive Side of Dementia: It's the language we use and the words we choose

Gita Anderson and Jacquelyn White

Ensuring Daily Moments of Success

Panel Discussion

The Power of Advocacy



KEYNOTE SPEAKERS

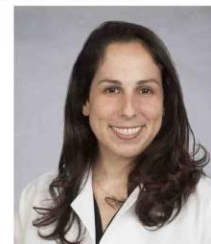
James E. Galvin, M.D., M.P.H.

Dr. Galvin is the Professor of Integrated Medical Sciences and Associate Dean for Clinical Research at the Charles E. Schmidt College of Medicine, Florida Atlantic University and Director of the Institute for Healthy Aging and Lifespan Studies (I-HeAL).



Holly N. Cukier, Ph. D.

Dr. Cukier is a Research Assistant Professor in the Department of Neurology at the University of Miami, Miller School of Medicine as well as the Associate Director for the Induced Pluripotent Stem Cell (iPSC) Core at John P. Hussman Institute for Human Genomics.



GUEST REGISTRATION

Name _____

Company _____

Address _____

City/State/Zip _____

Phone _____

E-mail _____

General Registration \$35 _____

Professional Registration (includes CEUs (LCSW, LMFT, LMHC, RN, ARNP and LPN)) \$75 _____

Total \$ _____

CAREGIVER SCHOLARSHIPS AVAILABLE

Contact me about caregiverscholarships

METHOD OF PAYMENT (select one)

Check Made payable to: Alzheimer's Association

Credit Card Visa MC Amex Discover

Name on Credit Card _____

Credit Card No. _____

Signature _____

Address _____

Expiration Date _____ CVV _____

RESPITE CARE

I wish to register my loved one for free respite care during the conference.

Name of loved one _____

PHOTOGRAPH RELEASE

I hereby give permission to Alzheimer's Association Southeast Florida Chapter to use my name and photograph/photographic likeness in all forms and media for advertising, trade, and any other lawful purposes.

Signature _____

MAIL TO: AASEF 3333 Forest Hill Blvd. WPB, FL 33406 or Call 561-967-0047 or fax form to 561-967-0947