

Mount Vernon Educational Conference

Wednesday, October 14, 2015

The Ohio Eastern Star Home,
Glenn A. Gallagher Centre

1451 Gambier Road
Mt. Vernon, Ohio 43050

Keynote Speaker

Rebecca Strickland, M.D. Board Certified Geriatrics,
Hospice and Palliative Care



Dr. Strickland received her Medical Degree from the Medical College of Ohio, Toledo and completed her residency at Wake Forest University Baptist Medical Center in Winston-Salem, North Carolina where she also completed a Chief Fellowship at the J. Paul Sticht Center on Aging. Dr. Strickland holds Board Certification in Internal Medicine and Hospice and Palliative Care. She also holds a Certificate of Added Qualification in Geriatrics. Dr. Strickland's special interest is in dementia assessment and care including: Alzheimer's disease, vascular and frontotemporal dementia; and symptom control in chronic illness.

Registration Fee

The cost of this conference is **\$25.00** and includes CE's or certificate of attendance, handouts, and light breakfast

Schedule

8:30am - Registration, breakfast, visit displays

9:00 - 10:30am - *Alzheimer's Disease and Other Dementias: An Introduction and Update* by Rebecca Strickland, M.D.

10:30 - 10:45am - Break, visit displays

10:45 - 11:45am - *Making Your Voice Count: Quick and Easy Ways You Can Make a Difference*

11:45am - 12:45pm - *Understanding and Responding to Dementia-Related Behavior*

12:45pm - Evaluations, certificate distribution

Accreditation

Social Workers: This is approved for **3.5 contact hours** of CPE. The Alzheimer's Association, Northwest Ohio Chapter is an approved provider of social worker CPE by the State of Ohio Counselor, Social Worker & Marriage and Family Therapist Board #RSX059702

Nurses: The Ohio Board of Nursing recognizes the State of Ohio Counselor, Social Worker and Marriage and Family Therapist board as approved providers of CNE for multi-disciplinary activities. Please refer to OAC 4723-174-05 for more information.

Refund or No Show Policy

Refunds will not be given for "no-shows" but substitute participants are welcome.

2015 Mount Vernon Conference Registration Form

Please register by **October 7th**

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Phone (day): _____

Email: _____

This address is my: Work Home

This email is my: Work Home

of registrations _____ x \$25.00 = _____

Make check payable to: Alzheimer's Association,
Northwest Ohio Chapter

Or charge to: VISA MasterCard
 Discover AMEX

Card #: _____

Exp. Date: _____ Security Code: _____

Signature: _____

Mail: Send completed form and payment to:
2500 North Reynolds Rd., Toledo, Ohio 43615

Fax: Send completed form to 419-536-5591. Payment may be made by credit card or include a note that you will bring payment to conference.

Phone: Call 1-800-272-3900 to register and be billed.



alzheimer's 
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Northwest Ohio Chapter
2500 North Reynolds Road
Toledo, Ohio 43615

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