

ALZHEIMER'S ASSOCIATION, CONNECTICUT CHAPTER

2010 EDUCATION CONFERENCE: March 23, 2010

# 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)**

**10:00 am - 11:15 am**      1st choice \_\_\_\_\_      2nd choice \_\_\_\_\_  
**11:30 am - 12:45 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 buffet lunch, three breakout sessions, morning Keynote Speaker. Limited scholarships are available for family caregivers. For more information or to register please call 860-828-2828.*

	Professional	Caregiver/ Student	No. of Attendees	Line Total
<b>Early Bird Registration Fee</b> <i>(postmarked by March 9th)</i>	\$100.00	\$60.00	x _____ =	_____
<b>Registration Fee</b>	\$115.00	\$60.00	x _____ =	_____
<b>Group Rate (3+ Facility Rate)</b>	\$100.00	N/A	x _____ =	_____
Continuing Education Credits* <b>additional fee of \$15.00</b> .....			x _____ =	_____
<b>TOTAL ENCLOSED</b>				<b>= _____</b>

For continuing education credits, please check the applicable box:  
 Contact Hours RN/LPN (Nurses, please include SS#) \_\_\_\_\_  CEUs Social Worker  CMEs Physician

**PAYMENT MUST ACCOMPANY REGISTRATION.**

Check enclosed (payable to *Alzheimer's Association, CT Chapter*)     Visa/Mastercard/American Express  
 Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Name on Credit Card \_\_\_\_\_ Signature \_\_\_\_\_  
 Purchase order # \_\_\_\_\_

*Registration must be accompanied by **payment** or **purchase order number**, otherwise, registrants will **NOT** be processed.*

**REGISTRATION INSTRUCTIONS**  
**YOU MUST REGISTER . Forms are available online at [www.alz.org/ct](http://www.alz.org/ct)**

**Registrations must be postmarked by March 21, 2010.** Early registration is encouraged. To avoid disappointment, please indicate first and second choices for each of three sessions. Cancellations must be received by March 21 for a refund.

**Photo Consent Disclaimer:**

I understand that my photo may be taken at this conference and that said material may 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.

**Complete the form, separate and mail to:**

Education Conference, Alzheimer's Association, 279 New Britain Rd., Ste. 5, Kensington, CT 06037 OR Fax to 1-860-828-2417

**Questions regarding registration? Call the Connecticut Chapter at 860-828-2828**