

Alzheimer's Association Advocacy Day 2011

When: March 1st, Tuesday **Time:** 9:00 a.m. to 4:30 pm

Where: State Capitol in Olympia, Senate Hearing Room #3 (located in the Cherberg Building)

Parking and Directions Info: <http://www.ga.wa.gov/visitor/direction-park.htm>

The Alzheimer's Association Advocacy Day begins with all advocates meeting at 9:00 am in Senate Hearing Room #3 in the Cherberg Building to pick up materials, schedules, hear from Chapter leadership and review what to do when visiting your elected officials.

We will make the appointments with your legislators for you. Please plan to stay the entire day (9 a.m. to 4:30 p.m.). You will visit your three elected officials (or their legislative aides) and possibly more. We will do our best to try to pair you with another advocate so that you do not go alone. Appointments can change last minute.

Please register by February 22nd. Please complete the bottom half of this form and return to the Chapter by fax, mail or email. Or please go online to register at www.alzwa.org, click on Advocacy.

1. **Arrive Early to Park!** Taking the DASH shuttle service from the park and ride lots are the best way to get to the Capitol. Wear comfortable shoes and be prepared to walk outdoors in between your appointments.

2. The cafeteria that was located in the Pritchard Building is currently under construction. We will be providing snacks all day in the Senate Hearing Room #3 in the Cherberg Building. Please bring a brown bag lunch or visit the two small cafes on campus.

3. **Preparing for Advocacy Day:** Materials will be forwarded to you in advance by email to help you prepare for the day. On Advocacy Day you will be given "leave behind" packets for your elected officials. The packets will have information about Alzheimer's disease, the Alzheimer's Association and our legislative priorities.

Need Assistance? Have Questions? Call 1-800-848-7097 or 206-363-5500 and ask for Samantha Woodward or Joanne Maher.

-----Detach and Return by February 22nd-----

2011 Alzheimer's Association Advocacy Day Participation Form

Name(s) _____

Residential Address: _____

City _____ Zip Code (REQUIRED) _____

Email: _____ Day Phone (REQUIRED) _____

Cell Phone: _____

Please check all that apply: I have Alzheimer's or a related disorder My loved one, family member or friend has AD

I am a family/friend caregiver Other: _____

Special Needs/Requests: _____

Please return this form by February 22nd, 2011.

- Mail to Alzheimer's Association, Attn: Samantha, North Tower, 100 W. Harrison St, N200, Seattle 98119-4170
- Fax to 206-363-5700
- Or send requested information by email to: samantha.woodward@alz.org