

THE ALZHEIMER'S ASSOCIATION PRESENTS:

ACTIVITY BASED ALZHEIMER CARE BUILDING A THERAPUTIC PROGRAM...

The Activity Based Alzheimer Care (ABAC) curriculum is a one-day, **interactive training program** designed for activity professionals who have a basic understanding of Alzheimer's disease, and whose primary job responsibilities include activity programming design and implementation. The program features **interactive exercises, case studies and discussion exercises.**

Interested in learning about Activity Based Alzheimer's Care...

UPCOMING ABAC TRAINING SESSIONS

WICHITA

9:00AM TO 3:00PM

TUESDAY, FEB 7 OR

TUESDAY, FEB 21

KANSAS FOOD BANK

1919 EAST DOUGLAS

WICHITA, KS 67211

DODGE CITY

9:00AM TO 3:00PM

THURSDAY, MARCH 8

SWKAAA BUILDING

236 SAN JOSE DR

DODGE CITY KS, 67801

316-267-7333

HAYS

9:00AM TO 3:00PM

THURSDAY, MARCH 29

2704 VINE ST STE B

HAYS, KS 67601

316-267-7333

**SEATING IS LIMITED!! RESERVE YOUR SPOT EARLY!
**ORGANIZATIONAL PARTNERS WILL RECEIVE 10%
OFF ALL EDUCATION EVENTS****

A \$50 per person fee will cover the cost of lunch, snacks and materials. All participants will receive a certificate of completion.

Questions and reservations please call Linsey Norton at 316-267-7333 or
email: linsey.norton@alz.org

I would like to register for Activity Based Alzheimer Care...

- Wichita: February 7, 2012**
- Wichita: February 21, 2012**
- Dodge City: March 8, 2012**
- Hays: March 29, 2012**

Please send registration info to:
Alzheimer's Association Central and Western Kansas Office
Attn: ABAC training
347 S Laura, Wichita, KS 67211
p316-267-7333 or 800-272-3900 f316-267-6369
email: linsey.norton@alz.org
www.alz.org/centralandwesternkansas

Name: _____

Date: _____ Phone: (_____) _____ - _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Name: _____

Date: _____ Phone: (_____) _____ - _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Name: _____

Date: _____ Phone: (_____) _____ - _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____