

# alzheimer's association®

Greater Cincinnati Chapter  
644 Linn Street, Suite 1026  
Cincinnati, OH 45203  
(513) 721-4284 or 1-800-272-3900  
www.alz.org/cincinnati

## Multicultural Caregiver Forum: Dementia & Challenges

### KEYNOTE SPEAKERS:

Ty Brown, M.D. ♦ Douglas E. Chicchon, M.D. (in Spanish) ♦ Rhonda Robinson, R.N.

This program offers valuable information about care concerns related to Alzheimer's disease/dementia and resource information displayed by exhibitors from various community service agencies.

### SILVER SPONSOR:

*VITAS Innovative Hospice Care*


**DATE:** Saturday, October 15, 2011

**TIME:** 9:30 a.m. – 1:00 p.m. Registration begins at 8:30 a.m.

**LOCATION:** Dayspring Church of God  
1060 Smiley Ave.  
Cincinnati, Ohio 45240 (Forest Park)

**COST:** Free, however advance registration is required. Space is limited.  
Refreshments will be provided.

**REGISTER:** To register, please complete the form below and mail or fax it to:  
Alzheimer's Association  
644 Linn Street, Suite 1026, Cincinnati, OH 45203  
Fax: 513-345-8446

 Various programs and services are funded in part by the Ohio Department of Aging through the Council on Aging of Southwestern Ohio, and Area Agency on Aging District 7, Inc. All services are provided without regard to race, age, color, religion, sex, disability, national origin, or ancestry.

**REGISTRATION: Multicultural Caregiver Forum**

**DATE: Saturday, October 15, 2011**

Your name (please print): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: (day): ( \_\_\_\_\_ ) \_\_\_\_\_ (evening): ( \_\_\_\_\_ ) \_\_\_\_\_

Total number of people attending program: \_\_\_\_\_ **Attending Spanish session?:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Ethnicity of those attending: \_\_\_ White \_\_\_ Black/African-American \_\_\_ Hispanic/Latino \_\_\_ Asian \_\_\_ Other

Name(s) of those attending: \_\_\_\_\_

Your relationship to person with illness: \_\_\_ Spouse \_\_\_ Adult child / in-law \_\_\_ Other: \_\_\_\_\_

Age of person with illness: \_\_\_\_\_ Gender of person with illness: \_\_\_ Male \_\_\_ Female

County & State of residence of person with illness: \_\_\_\_\_