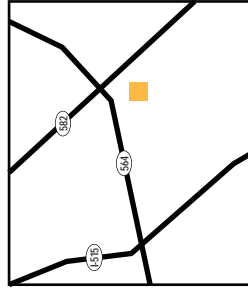




annual southern nevada  
alzheimer's education  
conference

Thursday, April 27, 2017

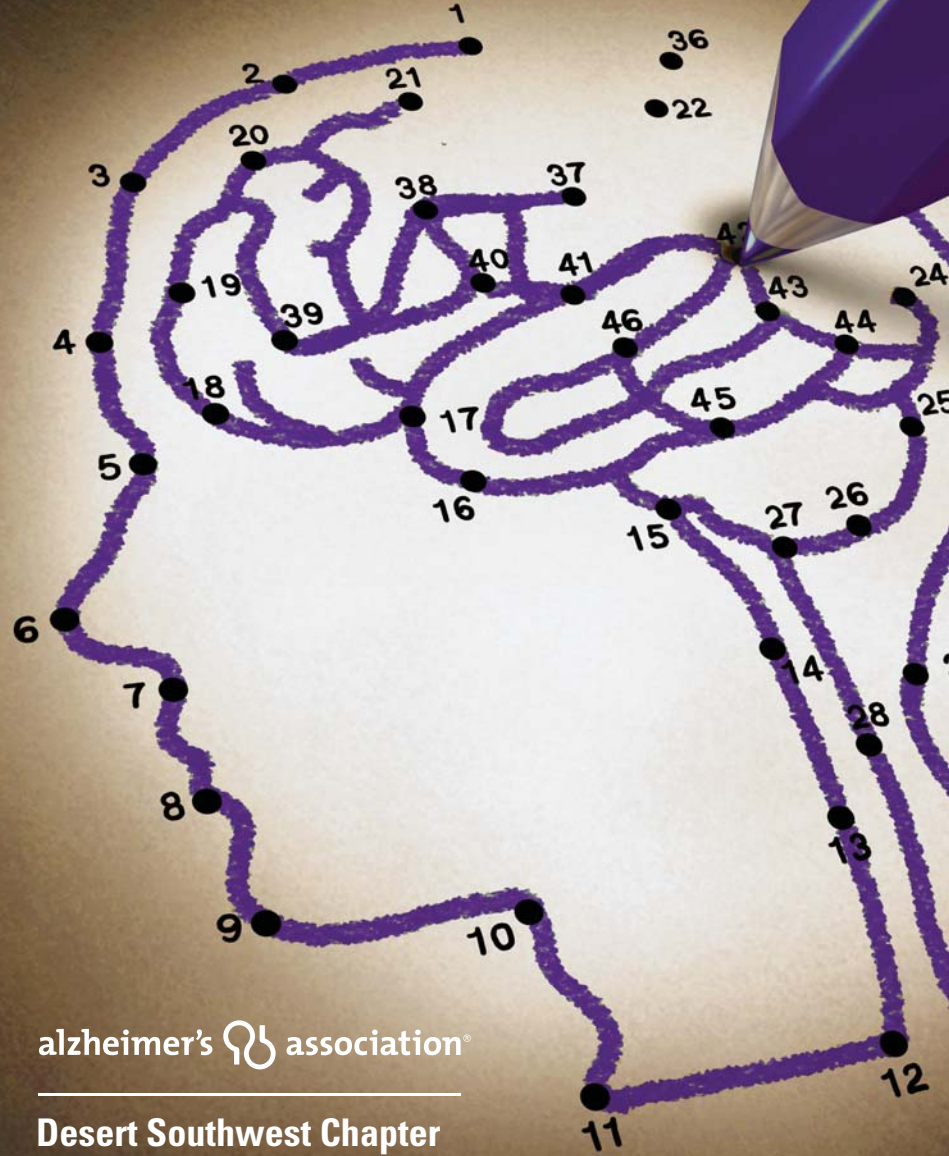
Henderson Convention Center  
200 S Water Street  
Henderson, NV 89015



# CONNECTING THE DOTS

AN ALZHEIMER'S ASSOCIATION EDUCATION CONFERENCE

APRIL 27, 2017 | HENDERSON CONVENTION CENTER



# 14<sup>th</sup> Annual Southern Nevada Alzheimer's Education Conference

## AGENDA

- 7:30 am**      **Registration  
Breakfast and Exhibitor Visits**
- 8:45 am**      **Welcoming Remarks**
- 9:00 am**      **"Alternative Treatments in Alzheimer's Disease:  
What Do We Know"**  
Charles Bernick, MD  
*Associate Director  
Cleveland Clinic Lou Ruvo Center for Brain Health*
- 10:00 am**     **"Recognizing, Reporting, and Protection"**  
John P. Michaelson, JD  
*Attorney  
Michaelson & Associates*
- 11:00 am**     **Break and Exhibitor Visits**
- 11:15 am**     **"How Culture, Socioeconomics, and Belief  
Systems Affect Dementia"**  
Marisa Menchola, PhD  
*University of Arizona  
Assessment & Consulting, PLC*
- 12:15 pm**     **Lunch and Exhibitor Visits**
- 1:00 pm**      **"Behavioral Issues in Alzheimer's Disease"**  
Dylan Wint, M.D.  
*NV Energy Chair for Brain Health Education  
Cleveland Clinic Lou Ruvo Center for Brain Health*
- 2:00 pm**      **"Holding Hands with Creativity After Diagnosis"**  
Nancy Nelson  
*Two-Time Published Author  
"Blue. River. Apple." Series*
- 3:30 pm**      **Closing Remarks**

*Social Work CEUs are pending approval by the State of Nevada Board of Examiners for Social Workers. Nursing CEUs have been approved by the Nevada State Board of Nursing for 4 CEUs. The Approval is #NV000691.*

Shannon Campagna  
scampagna@alz.org  
702.248.2770

**April 27, 2017**

Henderson Convention Center  
200 S Water Street - Henderson, NV 89015

## ATTENDEE INFORMATION

attendee name(s) \_\_\_\_\_

organization (if applicable) \_\_\_\_\_

address \_\_\_\_\_ city \_\_\_\_\_ zip \_\_\_\_\_

daytime phone \_\_\_\_\_ email \_\_\_\_\_

## REGISTRATION

- family care partner, persons with Alzheimer's disease or other related disorder(s) or full-time student (\$40)
- professional care partner without ceu (for-profit \$65)
- professional care partner with ceu (for-profit \$75)

<input type="checkbox"/> nursing	_____
<input type="checkbox"/> social work	_____
title	license number

- yes, I would like a vegetarian lunch

## PAYMENT

total amount enclosed: \_\_\_\_\_

method of payment:

- check
- visa
- american express
- mastercard
- discover

credit card number \_\_\_\_\_ expiration date \_\_\_\_\_ 3-digit code \_\_\_\_\_

exact name on card (please print) \_\_\_\_\_ signature \_\_\_\_\_

## Cancellation/Refund Policy

Full refunds are granted if a request is made in writing by mail or fax to the Association 48 hours prior to the program. Refunds requested after 48 hours are granted for emergencies only. NO REFUNDS FOR NO-SHOWS.

mail or fax with payment to:  
Alzheimer's Association Desert Southwest  
Southern Nevada Regional Office  
5190 S Valley View Blvd, Suite 104  
Las Vegas, NV 89118  
702.248.2770 phone  
702.248.2771 fax

cut along the dotted line