

EDUCATIONAL SERIES FOR FAMILY MEMBERS AND FRIENDS OF THOSE WITH MEMORY DISORDERS

About this Program:

Family Caregivers, this program is for you!

The University of Kentucky Sanders-Brown Center on Aging, partnering with the Alzheimer's Association and Kentucky Telecare, provides ongoing support for family caregivers of persons with Alzheimer's disease and related disorders.

Using interactive videoconference technology, family caregivers from Louisville, Cincinnati, and Lexington can attend and share support and education with other interested caregivers.

This program results from the voluntary efforts by the staff of the Sanders-Brown Center on Aging, UK Alzheimer's Disease Center, Alzheimer's Association, and Kentucky Telecare.

The University of Kentucky Sanders-Brown Center on Aging, Kentucky TeleHealth Network and the Alzheimer's Association present:

Medications and Dementia

Tuesday, February 28, 2012

5:30p.m — 7:00 p.m.

Greater Cincinnati Location

The METS Center

3861 Olympic Boulevard

Erlanger, KY 41018

AGENDA

5:15–5:30 p.m. – Registration

5:30–6:00 p.m. – Teleconference presentation from panel

6:00–6:30 p.m. – Questions from participants to panel

6:30–7:00 p.m. – Wrap-up discussion with local experts

Registration is required for this FREE event.

Seating is limited.

Please call the Alzheimer's Association to reserve a space:

1-800-272-3900

REGISTRATION FORM

(Greater Cincinnati area)

UK Teleconference – Medications & Dementia

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5:30p.m – 7:00 p.m.

Greater Cincinnati Location:

The METS Center
3861 Olympic Boulevard
Erlanger, KY 41018
(Kenton County)

To register for this program, 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

PROGRAM: UK Teleconference / Greater Cincinnati area

DATE: Tuesday, February 28, 2012

LOCATION: The METS Center – Erlanger, Kentucky

Your name (please print): _____

Street Address: _____

City: _____ State: _____ Zip code: _____

County: _____ E-mail address: _____

Telephone 1: (_____) _____ Telephone 2: (_____) _____

Circle one: Home Work Cellular

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Gender: M F Age: _____ Ethnicity: White Black Hispanic Native Amer. Asian Other

Your relationship to person with illness: Spouse Adult child / in-law Sibling Other: _____

Age of person with illness: _____ Gender of person with illness: Male Female

County & State of residence of person with illness: _____