

Please be sure to fill in all the information requested; the name of the seminar as you see it on the website and the town where the event is being held; the date; and the cost, if there is one. Mail to:

**Alzheimer's Association
465 E High St Ste 100
Lexington, KY 40507-1939**

You may also email us at infoky-in@alz.org or call
1-800-272-3900

Registration Form

(Complete 1 form per person. Duplicate as needed)

Name _____

Address _____

Phone _____
(Area Code)

Email _____

What is your relationship to the person with dementia?

Please register me for the following seminar

Location _____

Cost _____ **Date** _____

Registration payment is required for some workshops .

Please indicate payment method below.

- Check payable to the Alzheimer's Association
- Credit Card—please circle type:
 - MasterCard VISA
 - American Express Discover

Card Number _____ Exp. Date _____

Account Holder's Signature _____

Please **MAIL** your completed form to :
Alzheimer's Association
461 E High Street, Suite 100
Lexington, KY 40507-1939
1-800-272-3900