



Dementia Care Conference - New Orleans
Sheraton Metairie-New Orleans Hotel
March 26, 2010
Registration Form

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email _____

I am requesting Continuing Education units for:

Social Worker (6 hrs pending approval)

NHA (6 hrs pending approval)

LPC (6 hrs pending approval)

I would like a certificate of attendance

-

Email: _____

Company: _____

Early Registration by 3/19/2010:

CEU-Professional Attendees \$95

Non-CEU Professional Attendees \$75

Family Caregivers & Students w/ID \$45*

On site registration will be available for an additional \$10 charge.

***Scholarships Available.**

Method of payment:

Check - made payable to Alzheimer's Association

Visa or Master Card (circle one)

CC Number: _____

3 digit Security Code: _____ Expiration Date: _____

Amount Charged: _____

Name on Card:

Signature

Please mail completed form along with your check or payment information to:

Alzheimer's Association

2605 River Road

New Orleans, LA 70121

If you have any questions about the
Dementia Care Conference please call

504.849.9081

Please mail your completed form to:

Alzheimer's Association

2605 River Road

New Orleans, LA 70121

Please fax your completed form to:

504.849.9084