alzheimer's association®

the compassion to care, the leadership to conquer

Greater Cincinnati Chapter
644 Linn Street, Suite 1026
Cincinnati, OH 45203
1-800-272-3900
www.alz.org/cincinnati

Healthy Living for Your Brain and Body

For centuries, we've known that the health of the brain and the body are connected. But now, science is able to provide insights into how to make lifestyle choices that may help you keep your brain and body healthy as you age. Join us to learn about research in the areas of diet and nutrition, exercise, cognitive activity and social engagement.

WARREN COUNTY

Wednesday, February 5, 2020
1:15PM – 2:30PM
Mason Community Center
6050 Mason-Montgomery Rd.
Mason, OH 45040

To register, complete the form below and send to: Alzheimer's Association, 644 Linn St. #1026, Cincinnati, OH 45203.
Or call 800-272-3900. FAX: 513-632-3880.

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.

To Register Online Click Here

REGISTRATION: Healthy Living / Warren County **DATE: Wednesday, February 5, 1:15PM – 2:30PM**

How did you hear about this program? __ Alzheimer's Assn. staff __ Healthcare provider __ Family/friend/co-worker __ Mailing to home/work __ TV/radio/newspaper ad __ Website __ Other

Name (please print): _____

Street Address: _____

City: _____ **State**: _____ **Zip code**: _____

County: _____ **E-mail address**: _____

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

Circle one: Home Work Cellular Circle one: Home Work Cellular

Your Gender: __ M __ F Birthdate: _____ **Your highest level of Education**: _____

Your Ethnicity: __ White __ Black __ Hispanic __ Native Amer. __ Asian __ Other: _____

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

Age of person with illness: _____ **Gender of person with illness**:___ Male ___ Female **Veteran**: __Yes __No

Diagnosis: _____ **Date of diagnosis (estimated):** _____