

Caring for Aging Parents Conference

Registration

Print and complete the registration form. Prior to mailing it with your payment, please check it carefully to avoid errors. Feel free to contact us with any questions a 904-537-3629.

Name: _____

Address: _____

Cell: _____ Email: _____

Company/Organization _____

Position _____

Conference Locations

___ **Atlanta, GA**, February 21, 2010

___ **Baton Rouge, LA**, March 20, 2010

___ **Orlando, FL**, Spring 2010

We are genuinely interested in meeting your specific caregiving needs. As such, we encourage you to list no more than two questions about problems, concerns or situations you would like the presenters to consider during the interactive or collaborative components of their presentations. Contact us to mmslp2@gmail.com.

Please consider my questions and/or concerns during the presentations:

1. _____

2. _____

Super Value: 2-day conference registration fees include seminars, handouts, buffet breakfast, luncheon, exhibits, Care Match and private time with experts. 1-day conference registration includes private time with experts and exhibits.

___ **2-Day Conference Registration Fee \$169.00**

___ Ask the Expert ___ Exhibit Hall ___ Breakfast

___ Luncheon ___ Care Search ___ Banquet

1-Day Conference Registration Fee \$119

___ Day 1

___ Breakfast(\$14.00) ___ Luncheon(\$23.00) ___ Banquet (\$69.00)

___ Ask the Expert ___ Exhibit Hall

___ Day 2

___ Breakfast(\$14.00) ___ Luncheon(\$23.00)

___ Ask the Expert ___ Exhibit Hall

I want to volunteer as an Expert. Have a conference coordinator contact me.

I plan to schedule one-on-one time with the Experts indicated below:

___ Physician ___ Social Worker ___ Nurse ___ Speech Therapist

___ Psychologist ___ Attorney ___ Therapist ___ Realtor

___ Home Health Representative ___ Caregiver/CareSeeker

___ Admissions Coordinator _____ Other

___ Steve Games ___ Kathryn Kilpatrick

Registration Checklist:

___ Care Match Application is attached

___ Expert Category is selected

___ Payment is included

Submit the application with total remittance by Check, Cashier' Check, or Money Order to:

Caring for Aging Parents: Tools for a Successful Journey
c/o Stewart Miller Institute for Excellence, Inc.
410-09 Blanding Blvd., #303
Orange Park, FL 32073
e-mail: mmslp2@gmail.com