

Société Alzheimer Society

NOVA SCOTIA

22nd PROVINCIAL ALZHEIMER CONFERENCE

Alzheimer's disease . . .It's more than you think

November 7th and 8th 2011 at the Harbourview Holiday Inn, Dartmouth, NS

Name (please print): _____

Organization: _____

Address: _____ City/Town _____

Postal Code: _____ Phone: _____

Email: _____

For a complete list of presentations see the 2011 Conference Snapshot, or visit www.alzheimer.ns.ca for session descriptions.

In addition, please choose one of the following concurrent sessions for each day.

A) Family Caregiver Education Series- A Facilitator's Perspective

OR

B) Alzheimer Disease and Other Dementia Care Course- Celebrating 20 Years!

OR

C) Incorporating Caregiver Needs into Education for Health Care Professionals

D) Hosting an Alzheimer Café

OR

E) Discovering the Individual

OR

F) Changing Melodies; A forum for people with early stage dementia

REGISTRATION FEES*: Please check appropriate boxes (Lunch and Nutrition breaks included)

*Note: Registration fees based on payment-received postmark shown:

**Note to agencies - please complete one form per conference participant.

		Before October 1	After October 1	
A. Full Conference	<input type="checkbox"/> Society Member	\$160	\$180	Total A: _____
	<input type="checkbox"/> Non Member	\$180	\$200	
	<input type="checkbox"/> Student	\$80	\$90	
	<input type="checkbox"/> Family Caregiver	\$80	\$90	
B. Monday Nov 7 only	<input type="checkbox"/> Society Member	\$85	\$105	Total B: _____
	<input type="checkbox"/> Non Member	\$95	\$115	
	<input type="checkbox"/> Student	\$55	\$60	
	<input type="checkbox"/> Family Caregiver	\$55	\$60	
C. Tuesday Nov 8 only	<input type="checkbox"/> Society Member	\$80	\$100	Total C: _____
	<input type="checkbox"/> Non Member	\$90	\$110	
	<input type="checkbox"/> Student	\$45	\$55	
	<input type="checkbox"/> Family Caregiver	\$45	\$55	
		TOTAL:		_____

PARTICIPANT CATEGORY

Health Care Provider Physician Administrator Volunteer Student Family Member/Caregiver
 Person with Alzheimer's disease Presenter Other

PAYMENT METHOD

Please specify the amount enclosed \$ _____

Cheque/ Money Order enclosed (please make cheque payable to the Alzheimer Society of Nova Scotia)

Visa or MasterCard

Number: _____ Name on Card: _____

Expiry Date: _____ Cardholder Signature: _____

Invoice to: _____ Contact Name: _____

Phone No: _____ Email: _____

RETURN FORM AND PAYMENT TO:

Alzheimer Society of Nova Scotia, 6009 Quinpool Road, Suite 300 Halifax, NS B3K 5J7

Tel: 902-422-7961 or 1-800-611-6345 Fax: 902-422-7971

All refunds, minus a \$20.00 administration fee will be given for cancellations, received in writing, fax or email by Oct 31. No refunds will be given for cancellations received after October 31, and we reserve the right to invoice Parties who reserve a place and do not attend.

REGISTRATION FORM