

A Map through the Maze – 2009 Registration Form

One registrant per form—photocopy as needed. Please complete entire form.

Name: _____

Home Address: _____

City: _____

State: _____ Zip: _____

Daytime Phone: _____

E-Mail: _____

Your job title: _____

Company name: _____

YES! Send me Memory Walk Team information: _____

Concurrent Breakout Sessions:

Make a first and second choice for each time period:

A. 10-11:15: 1st choice _____ 2nd choice _____

B. 11:30-12:45: 1st choice _____ 2nd choice _____

C. 2-3:15: 1st choice _____ 2nd choice _____

For continuing education credit, please check profession:

RN _____ LPN _____ LMHC _____ OT _____ SW _____

SWs license # (mandatory) _____

Nursing Home Admin. _____ Activity Professional _____ Other (for Certificate of Attendance, if wanted) _____

Fees:

\$175 Early Registration. MUST be received by 4/18

\$195 Registration AFTER 4/18, as available

\$375 Exhibitor fee + \$25 for optional electrical outlet

Total Enclosed: _____

Payment or purchase order must accompany registration.

Check enclosed ___ Visa/MasterCard ___ Purchase Order ___

**Please mail form with payment to: MTTM,
Alzheimer's Association, 311 Arsenal Street,
Watertown, MA 02472**

Visa or MasterCard (circle which) payment:

Card Holder _____

Card Number _____

Exp. Date _____ Signature _____

Purchase Order Payment: Please include a copy of your PO/check request

Company name _____

PO Number _____

With credit card or purchase order payment only, registrations can be faxed to 617.868.6720.