

## A Map through the Maze – 2010 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. 2:15-3:30: 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:

\$170 Early Registration. MUST be received by 3/21

\$185 3/22-4/18

\$200 After 4/18 as available

**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.**