



## PERSONAL INFORMATION *Please Print Clearly.*

Date \_\_\_\_\_

NAME (First and Last Name) \_\_\_\_\_

Position / Title \_\_\_\_\_

Work Phone \_\_\_\_\_

Facility \_\_\_\_\_

Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_

Email  Sign me up for email updates.

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Badge Name \_\_\_\_\_

## CREDIT AND CERTIFICATE INFORMATION

All participants will receive a certificate of attendance. Check (A) for General Attendance and go to (B) for Contact Hours or CEUs.

A.  **General Attendance**

B. **Contact Hours & CEUs** Check ALL practices that apply to you and list ALL your license numbers.

When applicable, please include issuing state. If information is either incomplete or incorrect you WILL NOT be eligible to receive credits from your board. You'll be able to review this information at the conference.

**Certificate Name** If your license name is DIFFERENT than the name above please provide it here. We need your correct license name(s) when issuing certificates and submitting to the boards. If you have more than one license name please list them ALL and indicate the license it is for.

Administrator **State License #(s):** \_\_\_\_\_

Catholic Chaplain \_\_\_\_\_

Dietitian *Registration #:* \_\_\_\_\_ *Circle: RD or DTR*

Nurse **State License #(s):** \_\_\_\_\_

Recreational Therapist *NCTRC# or ATRA#:* \_\_\_\_\_

Social Worker **State License #(s):** \_\_\_\_\_

## DATE AND LOCATION

**Friday, March 26, 2010**

**Teresian House**

200 Washington Avenue Extension

Albany, NY 12203

Tel: 518.456.2000

## REGISTRATION FEES

*Fees include cost of seminar, all materials, lunch and breaks.*

### First and Second Registrant

**Early Rate — \$150.00**  
*Register before 3/1/2010*

**Standard Rate — \$180.00**  
*Register on and after 3/1/2010*

### Third Registrant is FREE

*For every two registrants from the same facility, send a third for FREE.*

## PAYMENT

**Make check payable to:** Avila Institute of Gerontology, Inc.

**Send completed registration and check to:**

Avila Institute of Gerontology, Inc.

600 Woods Road, Germantown, NY 12526

**Or fax registration to 518.537.4725**

### Refund Policy:

Space is limited. Substitutions are accepted at anytime.

Cancellations will be honored if written request is received one week before the scheduled date of the seminar.

A \$25.00 handling fee will be deducted from all refunds.

**Disclaimer:** During the conference, you may be photographed, videotaped and/or recorded by the Avila Institute of Gerontology or its designated contractor. By your attendance or participation at the conference, you tacitly agree that the Avila Institute may photograph, copy, record, and distribute, in any such form, your participation and involvement in any program discussed. No persons or organizations other than the Avila Institute of Gerontology may audiotape or videotape any portion of the program without prior written permission from the Avila Institute. This conference is intended for educational purposes only. It is not a substitute for formal medical training in one of the health care professions, nor is it a substitute for professional medical advice. For more specific information you may have to consult a health care professional.