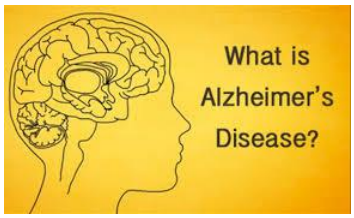
alzheimer's association®

the compassion to care, the leadership to conquer

Greater Cincinnati Chapter
644 Linn Street, Suite 1026
Cincinnati, OH 45203
1-800-272-3900
www.alz.org/cincinnati

The Basics

This program provides information on detection, causes and risk factors, stages of the disease, treatment and much more.



Hamilton County
Friday, March 9, 2018
1:30 – 2:30 p.m.
Alzheimer's Association, 3rd Floor Conference Room
644 Linn Street,
Cincinnati, OH 45203

This program is free of charge unless you are a professional and require a Continuing Education Certificate. There is a $15 fee for the CEU. Program is approved for **1 hour** of continuing education for Ohio social workers. CEU may be transferable to nurses.
To register, complete the form below and send to: Alzheimer's Association, 644 Linn St. #1026, Cincinnati, OH 45203. FAX: 513-632-3880

Various programs and services are funded in part by the Ohio Department of Aging through the Council on Aging of Southwestern Ohio, and Area Agency on Aging District 7, Inc. All services are provided without regard to race, age, color, religion, sex, disability, national origin, or ancestry.

REGISTRATION: The Basics / Linn Street **DATE: Friday, March 9 1:30 – 2:30 p.m.**

How did you hear about this program? __ Alzheimer's Assn. staff __ Healthcare provider __ Family/friend/co-worker __ Mailing to home/work __ TV/radio/newspaper ad __ Website __ Other

Name (please print): _____

Street Address: _____

City: _____ **State**: _____ **Zip code**: _____

County: _____ **E-mail address**: _____

Telephone 1: (_____) _____ **Telephone 2:** (_____) _____

Circle one: Home Work Cellular Circle one: Home Work Cellular

Your Gender: __ M __ F Your Age: _____ **Your highest level of Education**: _____

Your Ethnicity: __ White __ Black __ Hispanic __ Native Amer. __ Asian __ Other: _____

Your relationship to person with illness: __ Self __ Spouse __ Adult child/in-law __ Sibling __ Other:_____

Age of person with illness: _____ **Gender of person with illness**:___ Male ___ Female **Veteran**: __Yes __No

Diagnosis: _____ **Date of diagnosis (estimated):** _____

Continuing Education - $15.00 fee **Professional Discipline:** __ Social Worker __ Counselor __ RN / LPN __

Method of payment Check #_____ (Make check payable to **Alzheimer's Association**)
Credit Card: ___Visa___ Master Card ___Discover ___American Express
Name as it appears on credit card: _____
Address: (of card holder if different from above)_____
Credit card number: _____
Expiration date: _____ / _____ Signature: _____