

Registration Form

Yes, I would like to attend the conference, Vulnerable Adults: The Geriatric Approach to Health Care.

Name: _____

Title: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Fax: _____

Email: _____

Would you like to be placed on Access Community Health Center's mailing list?
 Yes No

Please select FOUR Workshops and number in order of preference. You will be able to attend TWO.

- Diagnosis and Treatment of Pressure Sores
- Oral Health – Evaluation and Treatment
- Clinical Management of Feeding Tubes and Other Nutritional Concerns
- HIV and the Elderly
- Screening for Dementia and Depression in Persons with Cognitive Impairment
- 10-Minute Geriatric Assessment/ Incontinence and Mobility
- Discussing Advance Care Planning
- The Hospitalized and Pre-Operative Patient

Please specify your Profession:

- Physician (specify specialty) \$75 reg. fee
- Other Clinician (specify type) \$50 reg. fee
- Student (specify profession) \$25 reg. fee

Checks should be made payable to:

AHRC Health Care, Inc. and mailed with the completed registration form to:
Jessica Williams, Access Community Health Center, 83 Maiden Lane, 6th Floor, New York, NY 10038.