

NEW!
2010 Schedule



Register Online
www.alzcare.org

Alzheimer's and Related Disorders Training

Alzheimer's Community Care, Inc. is an approved CEU provider for the Florida Boards of Nursing, Nursing Home Administrators, Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling. The state approved dementia-specific curriculum also meets the requirements for employees of Assisted Living Facilities, Nursing Homes, Adult Day Care Centers and Hospices. In addition to the Alzheimer's Disease and related disorders training required by the state, Alzheimer's Community Care offers customized inservices and community education to suit your organization's needs.

Affordable & Convenient!

Alzheimer's Level 1 or 2 -- 4 hours each

\$25 per person at one of our locations
\$250 at your facility or site.

Alzheimer's Level 1 & 2 -- 8 hours total

\$50 per person at one of our locations
\$400 at your facility or site.

Cancellation Policy

You will be notified if a training is cancelled. No refunds will be issued if written cancellation is not received by this office five (5) business days prior to the start of the training.

Continuing Education Units (CEUs)

All registered participants will receive a certificate of completion. In addition, Alzheimer's Community Care will submit CEUs to CE Broker. Alzheimer's Community Care is not responsible for incorrect license numbers submitted and rejected by CE Broker. In order to receive CEUs, persons must attend all portions of each training session. **The training provider reserves the right to deny completion to anyone who is absent from any portion of the training(s) or is excessively late.**

Training Location and Driving Directions

Address: The Baxter Building, 800 Northpoint Parkway, 2nd Floor, West Palm Beach, FL

Directions: Take I-95 to the 45th Street exit #74. Head west approximately 1/4 mile to Northpoint Blvd., (1st traffic light/Race Track gas station). Turn right onto Northpoint Blvd. At the stop sign, turn right onto Northpoint Parkway. Continue around the bend, just past the Courtyard by Marriott Hotel. The entrance to the Baxter Building will be on the left, just past the small black "delivery" sign. Training is held in the second floor conference room.

For More Information call Stacey Weiner-Varnado at 561-683-2700 or e-mail svarnado@alzcare.org

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Registration and Pre-payment Required

Organization _____ Phone # _____ License # _____
Address _____ City _____ State _____ Zip _____

Name(s) of Person(s) Attending (Print legibly)	Professional License #	Training Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Pre-registration for training is required as seating is limited. No walk-ins will be admitted. Registrations will be processed on a "first come, first serve" basis. Complete and return the attached registration form with the required fee(s) no later than five (5) business days prior to the start of the training. Incomplete or late registration forms will not be processed.

Check all trainings you will attend. Print additional forms as needed.

Training	Dates	Time	Location
<input type="checkbox"/> Level 1	Friday, March 26, 2010	8:30 AM–12:30 PM	West Palm Beach
<input type="checkbox"/> Level 2	Friday, March 26, 2010	1:00 PM–5:00 PM	West Palm Beach
<input type="checkbox"/> Level 1	Wednesday, April 14, 2010	9:00 AM–1:00 PM	West Palm Beach
<input type="checkbox"/> Level 2	Thursday, May 20, 2010	1:00 PM–5:00 PM	West Palm Beach

Questions?

Call Stacey Weiner-Varnado at (561) 683-2700, extension 132
PAYMENT INFORMATION

Training Fee: \$25 Per Person, Per Training

Fax this form with credit card information to **561-683-7600**, or mail this form with check or credit card information to:

Alzheimer's Community Care, Inc., Attn: Stacey Weiner-Varnado,
800 Northpoint Parkway, Suite 101-B, West Palm Beach, FL 33407

Make checks payable to: Alzheimer's Community Care, Inc. or pay by Charge Card Below:

Type of Charge Card: Visa Mastercard Amex **Credit Card Number:** _____

Name as it appears on card: _____

Cardholder's Address: _____

Cardholder's Phone Number: _____

Authorization Signature _____ **Exp. Date (____/____)**