



CAREGIVERS CONFERENCE REGISTRATION

Wednesday, November 2, 2011

Windham, New Hampshire

Registration Deadline October 29th!! Limited Seating

Name: _____
(please print clearly)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

I am a: family caregiver professional other _____

I will need special accommodations: (see list below)

- Sign language interpreter
- Assistive Listening Device _____
- Large print materials
- Language interpreter _____
- Wheelchair access
- Other: _____

(Please note any accessibility accommodations you would like us to be aware of here)

Please indicate your workshop preferences:

AM Workshop Session (choice of one) A B C

PM Workshop Session (choice of one) D E F

Registration Fee:

Family Caregivers \$25.00

Professional Caregivers \$50.00

Enclosed is my check made **payable to BIANH** for conference registration. Please mail your check and registration form to:

**Caregivers Conference
C/o Ellen Edgerly
23 Isabelle Lane
Rochester, NH 03867**

Please check if you would be willing to participate in the following:

- I would like to join the 2012 Conference Planning Committee
- I can be contacted for a follow up evaluation on the conference
- I would like to donate a sponsorship to a fellow caregiver, enclosed is an additional \$25.00