

# Registration Form

24th Annual State Conference  
on Alzheimer's Disease and  
Related Disorders  
May 2-4, 2010

Register by April 9, 2010

Please complete sections 1-4.  
Make copies as needed.

Save time...Register online!

[www.alzwi.org](http://www.alzwi.org)

(Credit card required)

## 1. Registrant Information (Please print clearly)

First/Last Name \_\_\_\_\_

Organization \_\_\_\_\_

Position \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**About You:**  Family Caregiver  Professional Caregiver  Physician

Educator  County/State Provider  Other \_\_\_\_\_

**I am a person with early memory loss.**  Yes  No

**Special dietary need?**  Vegetarian/Low Fat

## 2. Registration Fees See Page 13 for complete package details.

- Package 1:** Full Conference \$140/person (Group rate: \$130/person - 4 or more required.)  
I will attend:  Sunday Banquet  Monday Luncheon  Tuesday Luncheon \$ \_\_\_\_\_
  - Package 2:** Group Rate - Full Conference: \$130/person - 4 or more required.)  
I will attend:  Sunday Banquet  Monday Luncheon  Tuesday Luncheon \$ \_\_\_\_\_
  - Package 3:** One Day Only, \$95/person/day Select one:  Monday OR  Tuesday \$ \_\_\_\_\_
  - Package 4:** Sunday Pre-Conference Intensive, \$40/person (Not included in Package 1) \$ \_\_\_\_\_
  - Package 5:** Sunday Pre-Conference Intensive and Banquet, \$60/person \$ \_\_\_\_\_
  - Package 6:** Sunday Evening Opening Banquet, \$30/person \$ \_\_\_\_\_
- TOTAL** \$ \_\_\_\_\_

## 3. Payment Method

Check enclosed - Make payable to Alzheimer's Association State Conference

Charge to Credit Card  VISA  Mastercard Name on Card \_\_\_\_\_  
Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_\*

\* Last 3 digits on reverse side at signature line

## 4. Workshop Selections

One choice under each column.

Monday				Tuesday	
<input type="radio"/> 101	<input type="radio"/> 201	<input type="radio"/> 301	<input type="radio"/> M1	<input type="radio"/> 401	
<input type="radio"/> 102	<input type="radio"/> 202	<input type="radio"/> 302	<input type="radio"/> M2	<input type="radio"/> 402	
<input type="radio"/> 103	<input type="radio"/> 203	<input type="radio"/> 303	<input type="radio"/> M3	<input type="radio"/> 403	
<input type="radio"/> 104	<input type="radio"/> 204	<input type="radio"/> 304		<input type="radio"/> 404	
<input type="radio"/> 105	<input type="radio"/> 205	<input type="radio"/> 305		<input type="radio"/> 405	
<input type="radio"/> 106	<input type="radio"/> 206	<input type="radio"/> 306		<input type="radio"/> 406	
<input type="radio"/> 107	<input type="radio"/> 207	<input type="radio"/> 307		<input type="radio"/> 407	
<input type="radio"/> 108	<input type="radio"/> 208	<input type="radio"/> 308		<input type="radio"/> 408	

## 5. Return Form

Alzheimer's Association  
State Conference  
PO Box 428  
Plover, WI 54467  
Fax: (715) 344-2457

(Fax only those registrations to  
be charged to a credit card.)

**Deadline: April 9, 2010**