

Laredo 2018 Alzheimer's Educational Symposium

UT Health Regional Campus Auditorium

1937 E. Bustamante St. Laredo, TX 78041

Saturday, May 19, 2018

Registration 8:30am Event 9:15am – 3:00pm

No Refunds

*Up To 4 Hours of Continuing Education Credits For Nurses & Social Workers With Payment of Registration Fee.
Your Registration Includes Breakfast, Lunch, and Event Material.*

Contact Information	
Name	
Discipline	
Organization/Company	
Address	
City, State, Zip	
Phone & Fax	
Email	
All Pre-Registrations Are Due By Thursday, May 17, 2018. Select Registration Options Below...	
<p><u>Choose Attendee Registration Type</u></p> <p><input type="checkbox"/> Family Caregivers & General Public Free With Registration (Donations Appreciated)</p> <p><input type="checkbox"/> Students Free (please pre-register)</p> <p><input type="checkbox"/> CE Certificate: (circle one) Social Work/Nursing \$40 (please pre-register)</p> <p><input type="checkbox"/> Certificate of Attendance Free (please pre-register)</p> <p><input type="checkbox"/> Vendor Registration With Sponsorship</p> <p>Sponsorship Level: _____ # of Attending _____</p>	<p><u>Choose Method of Payment</u></p> <p><input type="checkbox"/> CHECK at the door</p> <p><input type="checkbox"/> CHECK mailed to office</p> <p><input type="checkbox"/> CASH at the door</p> <p><input type="checkbox"/> VISA</p> <p><input type="checkbox"/> MasterCard</p> <p><input type="checkbox"/> American Express</p> <p><input type="checkbox"/> Discover Card</p> <p>Total Amount on Card \$ _____</p>
Card Number	
Expiration Date & CVV Code	
Name on Card	
Billing Address (including city and zip)	
Authorization Information & Date of Registration	
Signed by: _____	Date: _____
Special Notes:	

Several options to return this form: 1. Fax to (210)824-8069 or 2. email gfunk@alz.org or mail to Alzheimer's Association, ATTN: G Funk, 10223 McAllister Fwy Ste 100, San Antonio, TX 78216 or 3. email [Vicky Morales vmorales@mrgbahec.org](mailto:vmorales@mrgbahec.org) or call (956)712-0037