

The 11th Annual USF Geriatric Institute



Partners in Care: Quality of Care for the Older Adult

June 23, 24 and 25, 2009

■ LOCATION ■

Clarion Hotel and Conference Center
2701 E. Fowler Ave
Tampa, Florida (813) 971-4710

■ COST ■

Daily registration: \$ 60.00
All three days: \$150.00
Exhibitor 1-day fee: \$150.00
Exhibitor all 3 days: \$400.00

■ TO REGISTER ■

Mail form below with check payable to:
USF Suncoast Alzheimer's Center
12901 Bruce B. Downs Blvd. MDC50
Tampa, FL 33612

■ CEU's ■

18 hours of continuing education credit will be provided for disciplines below. Certificates of attendance will be provided for all attendees.

■ AUDIENCE ■

ALF and nursing home administrators, care managers, guardians, mental health counselors, nurses, ombudsmen, social workers, and others in the field aging.

■ GRADUATE CREDIT ■

This conference is a 3-credit graduate course at USF. Call the School of Aging Studies at (813) 974-9740 to register as a graduate course. The course number is GEY 6934-001 and the course reference number is CRN 50328. Graduates students must attend all 3 days and do not have to pay the conference fee.

CONFERENCE HIGHLIGHTS

- Recognizing, diagnosing, and treating Mild Cognitive Impairment
- How families cope with Mild Cognitive Impairment
- Cardiovascular disease in older women
- Neuropsychological testing to evaluate MCI and dementia
- Causes and management of Peripheral Neuropathy
- Poly-pharmacy and drug interactions
- Treatment of orthopedic problems in the older patient
- Common foot problems of the elderly
- Life review therapy
- Wandering behavior in the person with AD: warning signs, prevention and safety
- Diagnosis and treatment of anxiety disorders
- Understanding guardianship, contested guardianship and guardian advocacy
- AND MORE....

FOR MORE INFORMATION:

Call the USF Suncoast Alzheimer's Center at (813) 974-4355 or (800) 633-4563 or go to our website for the complete brochure and exhibitor form.

www.SuncoastAlzheimers.com

REGISTRATION FORM (PLEASE PRINT)

Name, Degree(s) _____

Employer _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ License # for CEU's _____

Check the day(s) you are attending

___ June 23

___ June 24

___ June 25

Please check your primary discipline/profession

___ ALF Administrator

___ Care Manager

___ Guardian

___ Gerontologist

___ Health Care Administrator

___ Mental Health Counselor

___ Nurse

___ Nursing Home Administrator

___ Public Health

___ Social Worker

___ Graduate Student

___ Other _____