



13th Annual Caregiver's Conference Registration
Wednesday, November 13, 2019, Concord, NH
Registration Deadline November 6, 2019! Limited Seating

Name: _____
(please print clearly)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

I am a: family caregiver professional caregiver other _____

Please indicate your workshop preferences:

AM Workshop Session (choice of one) A B C D

Second Choice Session (choice of one) A B C D

PM Workshop Session (choice of one) E F G H

Second Choice Session (choice of one) E F G H

Early Bird Registration postmarked on or before October 18, 2019 - NO REFUNDS

Family Caregivers \$35.00 Professional Caregivers \$65.00

Registration through November 6, 2019 – NO REFUNDS

Family Caregivers \$45.00 Professional Caregivers \$75.00

To increase your chances of getting into your first choice for workshops, please register early, note that room capacity for each workshop is limited. We will do our best to assign you to the workshop of your first choice using a "first come first served" approach based on the order in which we receive your registration.

Would you like to be seated during lunch with caregivers providing care for similar populations as you are? ___Yes ___No If so, please check which describes your caregiving role.

- Caregivers caring for spouses/significant others
- Caregivers caring for a young child
- Caregivers caring for an adult child
- Caregivers caring for grandchildren
- Caregivers caring for individuals with dementia or cognitive issues
- Caregivers caring for individuals with mental illness
- Caregivers caring for veterans
- Caregivers caring for parents

Limited Registration Scholarships Available For Those with Financial Need, Contact Ellen Edgerly at Ellenedge@bianh.org or 603-332-9891.

Are you a VA Enrolled Veteran Caregiver? Please indicate ___Yes ___No

Please make registration check payable to **BIANH**, mail along with registration form to:

**Caregiver’s Conference
C/o Ellen Edgerly
20 Constitution Way
Rochester, NH 03867**

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

- I would like to join the 2020 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 \$35.00.

PLEASE NOTE ANY DIETARY OR ACCESSIBILITY ACCOMMODATIONS:

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