



## Application to Attend

### Communicating Effectively With Health Care Professionals: A Workshop Leader Training Conference

Organized by the National Family Caregivers Association

*Please return completed application to the address listed at the bottom of page 2.*

Check which conference location(s) you are interested in attending:

- ☐ Orlando, FL, March 21-22, 2003
- ☐ Philadelphia, PA, May 2003
- ☐ Denver, CO, July 2003
- ☐ San Francisco, CA, September 2003

There will be a registration fee of \$150.00, payable upon approval of your application. CEU credits will be available for a \$25.00 fee. Send no money now. To join NFCA, visit [www.nfcacares.org](http://www.nfcacares.org).

Your application will be considered for all upcoming training conferences. Upon approval, you will be notified of all conference dates and locations and you will receive a registration packet. Each invitational conference is limited to 50 registrations. Applications will be reviewed for acceptance based on the need to assure geographic coverage and on capability to present the workshop. Please complete every item below.

1. Name: \_\_\_\_\_ 2. Title: \_\_\_\_\_

3. Organization: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

5. City, State: \_\_\_\_\_ 6. Zip Code: \_\_\_\_\_

7. Telephone: \_\_\_\_\_ 8. Fax: \_\_\_\_\_

9. E-Mail: \_\_\_\_\_ 10. NFCA Member: \_\_\_\_ Yes \_\_\_\_ No

11. If yes, check one: \_\_\_\_ Individual \_\_\_\_ Professional \_\_\_\_ Organization

12. Do you have any experience in training or giving presentations? \_\_\_\_ Yes \_\_\_\_ No

13. About the community in which you plan to conduct your first workshop after completing training:

\_\_\_\_ Urban \_\_\_\_ Suburban \_\_\_\_ Rural

Racial/Ethnic/Cultural Mix: \_\_\_\_ Predominantly white/Caucasian \_\_\_\_ African American

\_\_\_\_ Hispanic \_\_\_\_ Asian American \_\_\_\_ Native American \_\_\_\_ Other (specify below):

13. If you have experience in training or giving presentations, please describe your experience below (attach additional page if needed):

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**IMPORTANT:**

To be eligible to attend the conference, you must make a commitment to present the workshop at least twice during the 12 months following completion of the conference training. NFCA will provide follow-up assistance and advice, but you must commit to personally conduct the workshop. Please complete & sign the statement of commitment below:

Statement of Commitment:

14. I (print or type name here) \_\_\_\_\_ agree to present the Communicating Effectively with Health Care Professionals workshop at least twice within 12 months of completing training..

15. Signed: \_\_\_\_\_ (your signature required here)

16. Date: \_\_\_\_\_

17. Do you know the name of the organization(s) that will sponsor your presentation of the workshop?

\_\_\_ Yes      \_\_\_ No

18. If yes, please state contact information for the organization below (if different from answer to question #3, above:

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

***Thank you!***

**Please return your completed application to:**

John Paul Marosy, Director, Enhancing Caregivers Ability To Care Project  
52 Holden Street, Worcester, MA 01605 FAX: 508-852-8732

Questions? Call (508) 854-0431 or email [jpmarosy@nfcacares.org](mailto:jpmarosy@nfcacares.org)

Jan. 10, 2003

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