



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.

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):

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!

John Paul Marosy, Director, Enhancing Caregiver

52 Holden Street, Worcester, MA 01605 FAX: 508-852-8732

Questions: Call (506) 651-0151 or email jpmaros@measures.org

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