

# 2012 Brazos Valley Professional Conference

# THE INTERSECTION OF QUALITY DEMENTIA CARE



**Wednesday, May 16**  
**8 a.m. - Noon**

Texas A&M Health Science Center-  
Bryan Campus  
Health Professions Education Building  
Lower Level LL 30, LL43 A&B  
8447 Highway 47  
Bryan, TX 77807

For more information call  
**800.272.3900**

*Presented by:*

**alzheimer's**   
**association**<sup>®</sup>

Houston & Southeast Texas Chapter

In Partnership with

**SWAC-C Geriatric Education Center of Texas**  
**Community Research Center for Senior Health**  
**Texas A&M Health Science Center**  
**School of Rural Public Health**

## Conference Program

**Understanding the Effects  
of Family Dynamics on Care  
Provision**

**Improving Dementia Care  
through Environmental Changes**

**Understanding the Dementia  
Experience**

**Research Update**

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## CEU Information

This conference has been approved for 3.0 contact hours for Social Workers by H.I.S. Cornerstone.

This conference provides 3.0 CNE credits. H.I.S. Cornerstone is an approved provider of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

**Register Online at [alztex.org/brazos](http://alztex.org/brazos)**

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## Registration Form

To register, complete this form and return it with payment to: Alzheimer's Association Houston & Southeast Texas Chapter, 2242 W. Holcombe Blvd. Houston, Texas 77030. If paying by credit card, you may fax your registration to 713.314.1316. To register online, visit [alztex.org/brazos](http://alztex.org/brazos). For more information, call 800.272.3900.

### Registration Type:

- ☐ Conference with CEUs - \$35
- ☐ Conference Only - \$20
- ☐ Full Time Student/ID - \$10

### CEU Type:

- ☐ Nursing
- ☐ Social Work

Registration after May 2 is an additional \$5.

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Credit Card Type (Choose One) ☐ VISA ☐ MasterCard ☐ AMEX ☐ Discover  
Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Card Holder Address (if different from above) \_\_\_\_\_  
Signature \_\_\_\_\_

### Conference Schedule:

**Opening Session:** Understanding the Effects of Family Dynamics on Care Provision

**Please select one of two breakout sessions:**

- ☐ Improving Dementia Care Through Environmental Changes
- ☐ Understanding the Dementia Experience

**Closing Session:** Research Update