Teepa Snow Dementia Seminar

Tuesday, January 2, 2018, 8:00 am - 4:00 pm
Proctor's GE Theater, 432 State St., Schenectady, NY 12305

Registrant information

Name: _____

Organization: _____

Email: _____

Phone number: _____

If more than one applicant is being registered, please list their names and contact information and lunch selection in the table below.

A Panera boxed lunch is included in admission cost.

Please make a selection below. If you have special dietary needs, please let us know at least 2 weeks in advance of the seminar date and we will accommodate you to the best of our ability.

__ Ham & Swiss Sandwich
__ Turkey Sandwich
__ Mediterranean Veggie Sandwich (Vegetarian)
__ Seasonal Greens Salad (Vegetarian, Gluten Conscious)

Continuing Education credit for this program (4.5 CEs for nurses and social workers) is available at an additional charge. Please visit http://www.bapthealth.com/new/teepa/ for complete information about continuing education credit.

Payment:

Regular admission: $40.00 Qty. ___ x $40.00 = _____
Admission with 4.5 CE's for Nurses and Social Workers:$60.00 Qty. ___ x $60.00 = _____
Total Enclosed: _____

Please make checks payable to Baptist Health System. Mail to BHNRC, 297 N. Ballston Ave., Scotia NY to the attention of Nancy McKiernan.
Please contact Nancy McKiernan, 518-370-4700 x 193, mckiernann@bapthealth.com if you wish to pay by credit card.

Additional Attendees

Name	Email	Phone	Lunch Selection	CE Certificate (Y/N)