

To register for the November 13, 2009 conference, please provide the information requested in this form in the body of an e-mail or in an attachment and send to info@westchesterendoflife.org, or print out the form and fax it with your information to 914-559-3092 (attention: William Dawe).

COLLABORATIVE FOR END OF LIFE CARE

Registration Form for November 13, 2009 Conference (Individuals from the same agency or organization are encouraged to register for all attending from that agency/organization):

Name (s) of Attendee(s)/Professional credentials if applicable:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Do you need any special accommodations at the conference? _____

Organizational Affiliation(s) and Address:

Contact Information:

Email: _____
Phone: _____
Fax: _____

Are you making application for continuing education credit at this conference?

Yes _____
No _____

If so, please check category (check-in and sign-out required):

Social Work Continuing Education Credit _____
CLE _____
CME _____

Indicate your workshop preferences for each concurrent session by marking # of persons attending:

Concurrent Session #1:

- 1. Children's Bereavement _____
- 2. Psychosocial Aspects of Pain and Symptom Management _____
- 3. Narrative Medicine/Professional Self-Care _____
- 4. Hospital-based Palliative Care Programs (CLE credit) _____
- 5. Improving Physician-Patient Communication/Advance Care Planning (CLE credit) _____

Concurrent Session #2:

- 1. Healthcare Costs (CLE credit) _____
- 2. Listening to the Patient: Phenomenology of Patient's Lifeworld (CLE credit) _____
- 3. Care of Young Adults with Life-Threatening Illness _____
- 4. Complementary and Geriatric Care _____
- 5. Caregiving Challenges _____

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