

YOU ARE CORDIALLY INVITED TO ATTEND

THE 4<sup>TH</sup> ANNUAL GRECC/GEC VIDEOCONFERENCE  
ON THE CUTTING-EDGE TOPIC OF--

**GERIATRIC MENTAL HEALTH  
AND DISASTER PREPAREDNESS:  
MENTAL HEALTH INTERVENTIONS  
AND TREATMENT PLANS**

*A VideoConference for nurses, social workers, and other healthcare professionals sponsored  
by the Consortium of New York Geriatric Education Centers  
and the Veteran Affairs VISN 3 GRECC*

**PLACE:** DC VETERANS AFFAIRS HOSPITAL  
50 IRVING STREET, NW  
4<sup>TH</sup> FLOOR AUDITORIUM  
WASHINGTON, DC 20422

**DATE:** JUNE 3, 2004

**TIME:** 8:45AM TO 1:00PM – A LIGHT LUNCH WILL BE SERVED AT THE  
CONCLUSION OF THE VIDEOCONFERENCE

**LOCAL MODERATOR:**

DAVID LORECK, MD – GERIATRIC PSYCHIATRIST AND RESEARCHER  
VA BALTIMORE

**AGENDA INCLUDES:**

A KEYNOTE FROM DANIEL NIGRO, FIREFIGHTER 9/11  
INTERDISCIPLINARY PANEL ON INTERVENTIONS AND TREATMENTS  
HEALING AND HOPE

AND MORE.....

Continuing Education Accreditation for nurses has been applied for through Providence Hospital;  
Social worker CEUs have been applied for through the Geriatrics and Gerontology Education and  
Research Program, University of Maryland Baltimore.

**PLEASE COMPLETE THE FAX BACK REGISTRATION FORM  
ON THE OTHER SIDE OF THIS SHEET.**

Please register no later than MAY 26, 2004 for this no cost event – we need an accurate count  
for the handouts and the luncheon!

# Registration Form – FAX IT BACK!!

Geriatric Mental Health and Disaster Preparedness

WASHINGTON, DC LOCATION  
*Free of Charge to all VA staff and GEC participants*

I am a (please check one):

Student Program/Major: \_\_\_\_\_  
 Nurse  Physician  Case Manager  
 Nurse Practitioner  General Internal Medicine  Health Care Administrator  
 Social Worker  Family Medicine  Dentist  Other:

\*\*\*\*\*

Name: \_\_\_\_\_ Last 4 digits of SS# (required) \_\_\_\_\_  
Position: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-Mail: (Please print clearly) \_\_\_\_\_ Fax: \_\_\_\_\_  
Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ Evening Telephone: (\_\_\_\_) \_\_\_\_\_

\*\*\*\*\*

### **Please provide the following information about yourself for our federal grant reporting:**

Please check your ethnicity:

African American  Hispanic  Asian  Caucasian  American Indian/Alaska Native  
 Native Hawaiian/Pacific Islander  Other (specify)

Please check your age range:  Under 20  20-29  30-39  40-49  50-59  60+

Do you work in an underserved area?  Yes  No

Please check the population you work with:

African American  Hispanic  Asian  Caucasian  American Indian/Alaska Native  
 Native Hawaiian/Pacific Islander  Other (specify)

Approximately how many of your clients receive Medicare or Medicaid, or are uninsured (estimates):

Medicare  0-25 %  26-50%  51-75%  76-100%  
Medicaid  0-25 %  26-50%  51-75%  76-100%  
Uninsured  0-25 %  26-50%  51-75%  76-100%

### **FAX THIS FORM TO:**

**WAGECC -- ATT: NADIR HAMMONS FAX #: 202-966-6735**

Questions? Contact Nadir Hammons at WAGECC by phone at 202-895-2640, or by email at [wagecc@gwu.edu](mailto:wagecc@gwu.edu)

