



American Geriatrics Society

*WAGECC & the AGS Cordially Invite You
to Attend Dinner and a Grand Rounds*

Swallowing Disorders in the Aging Population

Keynote:

Pamela Harman, PhD

Speech Language Pathologist

The DC Veterans Affairs Medical Center

April 26, 2006

Dinner and Grand Rounds, 6:00 – 8:00 PM

Cost: \$20 for local AGS Members - \$25 for non-members

****NOTE to PDP/FEC Participants: This fee is included in your initial program cost.

Come for learning, dinner, networking, and a fun evening!
We look forward to seeing you there!

**Providence Hospital
Ross Auditorium - St. Catherine's Hall*
1160 Varnum Street, NE -- Washington, DC 20017
Free Parking**

*Entrance to the Hall is to the left of main hospital entrance

PLEASE RSVP by Wednesday, April 19, 2006

REGISTER USING FAX BACK FORM ON THE REVERSE SIDE OR:

Contact Nadir Hammons at 202-895-9486 – email wagecc@gwu.edu



American Geriatrics Society

FAX BACK REGISTRATION FORM

Fax registration to 202-895-9484

DEADLINE: April 19, 2006

Please photocopy for additional registrants, if necessary

I am a (please check one):

- Physician
- Nurse Practitioner
- Nursing Home Admin.
- Dentist
- Other: _____
- Nurse
- Case Manager
- Social Worker
- Student Program/Major: _____

PLEASE PRINT LEGIBLY:

NAME _____
Print as you wish to be recorded on official documents with credentials

Organization/Affiliation _____

Position Title _____ Discipline _____

Street Address (check if home address / /) _____

City _____ State _____ Zip _____

Work Telephone _____ Fax _____ Email _____

We request that you provide the following information about yourself for our reporting purposes:

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 | <input type="checkbox"/> 0-25 % | <input type="checkbox"/> 26-50% | <input type="checkbox"/> 51-75% | <input type="checkbox"/> 76-100% |
| Medicaid | <input type="checkbox"/> 0-25 % | <input type="checkbox"/> 26-50% | <input type="checkbox"/> 51-75% | <input type="checkbox"/> 76-100% |
| Uninsured | <input type="checkbox"/> 0-25 % | <input type="checkbox"/> 26-50% | <input type="checkbox"/> 51-75% | <input type="checkbox"/> 76-100% |