



The Washington, DC Area Geriatric Education Center Consortium (WAGECC)
Invites you to attend The

Spring 2004 Enrichment Series

When: Wednesday, June 9, 2004
9:00 AM – 5:00 PM
Where: Howard University's Blackburn Center
2397 6th Street NW Washington, DC 20059

Featuring Interdisciplinary Presenters:

Gary Kay, PhD -- Annelle Primm, MD -- Lee Ann Rhodes, MD
Karen Love, MPH -- Linda White, PharmD – and more!

Topics will include Health Disparities, Mental Health, Communication, Assisted Living, and Research Updates on a Variety of Topics

Registration Fee: \$20.00

Amount includes light breakfast, lunch, CMEs/CEUs and resource materials.

**We have applied for CMEs for Physicians and CEUs for Nurses.
Continuing Education Accreditation for Social Workers has
been applied for through the Geriatrics and Gerontology Education and
Research Program, University of Maryland Baltimore.**

WAGECC Professional Development Program Scholars will graduate at the conclusion of the day.



With many thanks to Pfizer for providing a generous contribution to WAGECC to sponsor this year's Series.

For more information or to register, contact WAGECC at 202-895-2640
Or use the fax-back form on reverse.



Spring 2004 Enrichment Series
FAX BACK FORM: 202-966-6735 Attn: Nadir Hammons
or E-mail: wagecc@gwu.edu

I am a (please check one):

- | | | |
|---|--|--|
| <input type="checkbox"/> Student | Program/Major: _____ | |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Physician | <input type="checkbox"/> Case Manager |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> General Internal Medicine | <input type="checkbox"/> Health Care Administrator |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Other: | _____ | |

Name: _____ **Email:** _____

Work Address: _____

Phone(s): _____ **Fax:** _____

Make \$20.00 check payable to WAGECC and send to: WAGECC, 4200 Wisconsin Avenue, NW, 4th floor, Washington, DC 20016

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

Please check your ethnicity:

- | | | | | |
|---|--|--------------------------------|------------------------------------|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> 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:

- | | | | | |
|---|--|--------------------------------|------------------------------------|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> 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% |

May we contact you in the future to evaluate this program? Yes No

Questions? Contact Nadir Hammons at WAGECC by phone at 202-895-2640, or by email at wagecc@gwu.edu