

**10th Annual Safe Patient Handling Conference
Tuesday, October 30th – Wednesday, October 31st, 2018
Holiday Inn Liverpool/Syracuse**

Attendee Registration Form

Registration Form (to be used for registrations by mail)

Select your track:

- Acute Care
 Caring for People with Developmental Disabilities or Mental Health Disorders
 Long Term Care and Sub Acute Care

Mail this completed registration form and the registration fee to:

Safe Patient Handling Conference c/o AREEP PO Box 38195 Albany, NY 12203

Please type or clearly print. ****All information is required.****

Enter the information exactly as you want it to appear on your nametag.

Attendee's Name: _____

Employer Name: _____

Job Title: _____

Employer's Mailing Address:

Attendee's Daytime Phone (include area code): () _____

Attendee's E-Mail: ** _____

**Please provide an email address you check regularly, as information and instructions will be emailed prior to and following the conference.

Affiliation if applicable: CSEA PEF NYSNA NYCOSH 1199 SEIU M/C

DC37 NYSUT CNFNY COSH Group CWA NYS AFL-CIO None

Other: _____

Check type of Continuing Education Credits needed:

Occupational Therapy Professional License number _____

Nursing Home Administrator Professional License Number _____

Physical Therapy Professional License Number _____

Nursing

Industrial Hygiene

Other

I do not wish to receive continuing education credits

It is the intent of the conference organizers to provide a fully accessible learning environment, suitable for all learners. If you have any special needs please let us know and you will be contacted by conference organizers.

yes no

For more information, contact Maureen Cox at 518 281 6575 or maureencox12@gmail.com or Barbara Stanley at 716 725 9858 or brbrstanley0903@gmail.com.