

THE 19TH ANNUAL PETER LAMY CONFERENCE COSPONSORED BY NCIPIE

CONFERENCE REGISTRATION

Personal Information

Name: _____ Title: Dr. Mr. Ms. Mrs.

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (WORK) _____ (HOME) _____

Employer _____

E-Mail Address: _____

Profession: Pharmacist Nurse Nurse Practitioner Social Worker Other

CEUs Request: Yes No

Conference Information, Choices & Fees

Space is limited. Selections will be processed on a first-come, first-served basis.
Please check 1st and 2nd choice for each of the concurrent sessions below.

| | HIGH TECH | HIGH TOUCH |
|--------------------------|--|--|
| Section 1 10:45-11:35 | Choice <input type="checkbox"/> 1 <input type="checkbox"/> 2 PDAs & MDS Outcomes in Long-Term Care | Choice <input type="checkbox"/> 1 <input type="checkbox"/> 2 Quality Indicators for Assessing Care of Vulnerable Elders: ACOVE |
| Section 2 11:35-12:25 | Choice <input type="checkbox"/> 1 <input type="checkbox"/> 2 Enhancing Patient-Provider Communication for the Elderly via Web-based Technology | Choice <input type="checkbox"/> 1 <input type="checkbox"/> 2 Addressing & Overcoming Barriers to Medication Adherence |
| Section 3 1:45-2:35 | Choice <input type="checkbox"/> 1 <input type="checkbox"/> 2 Integrating the Internet, PDAs & Information Technology into the Healthcare of Seniors | Choice <input type="checkbox"/> 1 <input type="checkbox"/> 2 CMS Initiatives to Help Assure the Appropriate Use of Therapeutic Agents in the Elderly |
| Section 4 2:40-3:30 | Choice <input type="checkbox"/> 1 <input type="checkbox"/> 2 Prescription for a Cure: Implementing Physician Order Entry to the Mass Market | Choice <input type="checkbox"/> 1 <input type="checkbox"/> 2 A Public Health Prevention Intervention for Medication & Alcohol Misuse Among Older Adults in Senior Housing |

Lunch: Yes No Please note any special meal requirements:

Fees: Enclose check or money order for \$95 early bird registration by September 30th, or for \$130 for registration postmarked after September 30th. Make checks payable to the University of Maryland, Baltimore and mail to: The Lamy Center, 506 W. Fayette Street, Suite 101, Baltimore, MD 21201.

Credit Card Information:

MasterCard Visa Credit Card #: _____

Authorized Signature: _____ Expiration Date: _____