



Application to Attend

Communicating Effectively With Health Care Professionals: A Workshop Leader Training Conference

Organized by the National Family Caregivers Association

Please return completed application to the address listed at the bottom of page 2.

Check which conference location(s) you are interested in attending:

☐ Denver, CO, August 14-15 2003

☐ San Francisco, CA, September 25-26, 2003 (tentative)

There will be a registration fee of \$150.00, payable upon approval of your application. CEU credits will be available for a \$25.00 fee. Send no money now. To join NFCA, visit www.nfcacares.org.

Your application will be considered for all upcoming training conferences. Upon approval, you will receive a registration form for the conference you specified. Each invitational conference is limited to 50 registrations. Applications will be reviewed for acceptance based on the need to assure geographic coverage and on capability to present the workshop. Please complete every item below.

1. Name: _____ 2. Title: _____

3. Organization: _____

4. Mailing Address: _____

5. City, State: _____ 6. Zip Code: _____

7. Telephone: _____ 8. Fax: _____

9. E-Mail: _____ 10. NFCA Member: ☐ Yes ☐ No

11. If yes, check one: ☐ Individual ☐ Professional ☐ Organization

12. Do you have any experience in training or giving presentations? ☐ Yes ☐ No

13. About the community in which you plan to conduct your first workshop after completing training:

☐ Urban ☐ Suburban ☐ Rural

Racial/Ethnic/Cultural Mix: ☐ Predominantly white/Caucasian ☐ African American

☐ Hispanic ☐ Asian American ☐ Native American ☐ Other (specify below): _____

14. If you have experience in training or giving presentations, please describe your experience below (attach additional page if needed):

IMPORTANT:

To be eligible to attend the conference, you must make a commitment to present the workshop at least twice during the 12 months following completion of the conference training, with the first session taking place within six months of the training. NFCA will provide follow-up assistance and advice, but you must commit to personally conduct the workshop. Please complete & sign the statement of commitment below:

Statement of Commitment:

15. I (print or type name here) _____ agree to present the Communicating Effectively with Health Care Professionals workshop at least twice within 12 months of completing training, with the first workshop taking place within six months of the completion of training.

16. Signed: _____ (your signature required here)

17. Date: _____

18. If you require the approval of a manager or supervisor to authorize you to promote and present the workshops, please have that individual sign here: _____

This is to confirm that the applicant has my support for conducting the first workshop within six months.

19. Do you know the name of the organization(s) that will sponsor your presentation of the workshop?

___ Yes ___ No

20. If yes, please state contact information for the organization below (if different from answer to question #3, above):

Name of Organization: _____

Address: _____ City, State: _____

Zip Code: _____ Telephone: _____ Fax: _____

Thank you!

Please return your completed application to:

John Paul Marosy, Director, NFCA Communicating Effectively with Healthcare Professionals Project

52 Holden Street, Worcester, MA 01605 FAX: 508-852-8732

Questions? Call (508) 854-0431 or email jpmarosy@nfcacares.org

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