

## Registration Form



### **“This is Not My Mom: Understanding Delirium in Primary Care” Wednesday June 6, 2012 6:00 p.m. – 7:30 p.m.**

Name: (Please Print) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**I will be attending the light supper at the Royal Bank Theatre prior to this learning event:**

Yes       No

**I will be attending the presentation at (indicate which site you will go to):**

- |                                                                     |                                                                     |
|---------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Royal Bank Theatre, HI Site, Halifax       | <input type="checkbox"/> Valley Regional Hospital, Kentville        |
| <input type="checkbox"/> Aberdeen Regional Hospital, New Glasgow    | <input type="checkbox"/> St. Martha’s Regional Hospital, Antigonish |
| <input type="checkbox"/> South Shore Regional Hospital, Bridgewater | <input type="checkbox"/> Amherst Regional Hospital, Amherst         |
| <input type="checkbox"/> Cape Breton Regional Hospital, Sydney      | <input type="checkbox"/> Queens Hospital, Liverpool                 |
| <input type="checkbox"/> Yarmouth Regional Hospital, Yarmouth       | <input type="checkbox"/> Digby General Hospital, Digby              |
| <input type="checkbox"/> Fishermen’s Memorial Hospital, Lunenburg   | <input type="checkbox"/> Soldiers Memorial Hospital, Middleton      |

**My Profession is:**

- |                                             |                                           |                                                         |
|---------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Family Physician   | <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Clinical Nurse Educator        |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Pharmacist       | <input type="checkbox"/> Other Health Care Professional |
| <input type="checkbox"/> Student            |                                           |                                                         |

**If interested in attending please complete this registration form and fax or e-mail it by June 1, 2012 to:**

Peggy Hobbs, Centre for Health Care of the Elderly, QE II  
Phone: (902) 473- 8603 (Questions)  
**Fax # (902) 473- 4867**  
e-mail: [peggy.hobbs@cdha.nshealth.ca](mailto:peggy.hobbs@cdha.nshealth.ca)