

Join us for a full-day of education and celebration!

# Adding to the Toolbox: A Day of Learning, Celebration, and Renewal for LNAs

*"Because what you do matters!"*

**Mountain View Grand Resort & Spa**  
Whitefield, NH

**Wednesday,  
October 3, 2018 ~ 8:30-3:30**

Topics will include:

- ✓ Music & Memory
- ✓ Hospice: The Family Perspective
- ✓ Oral Health is Overall Health
- ✓ Alzheimer's Habilitation Therapy
- ✓ And more best-practices for LNAs by those who understand your work.

**Licensed Nursing Assistants:**  
This  
**CELEBRATION**  
is for you!

**Bonus: Earn 5  
Contact Hours!**

*Attendees can enter to win prizes, check out vendors, and enjoy networking opportunities!*

**REGISTER NOW!**

Complete the event registration form, or go online to: <http://bit.ly/CelebrateLNAs>

**HAVE QUESTIONS? Call Laura Remick at (603) 259-3700 ext. 219**



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## Registration Form

*To register multiple attendees, please complete the second registration page as well.*

### *Individual Information:*

First Name:

Last Name:

Credentials:

Email Address:

Phone:

Address:

Town, State, Zip:

Dietary Restrictions:

### *Organization Information:*

Company:

Job Title:

City:

Phone:

**Please send completed registration form and \$25.00 payment per attendee to:**

North Country Health Consortium

262 Cottage St., Ste. 230

Littleton, NH 03561

Fax: 603-444-0945 ~ Phone: 603-259-3700 ext. 219

*Please register by Monday, September 24, 2018.*

*For more information, please contact Laura Remick: [lremick@nchcnh.org](mailto:lremick@nchcnh.org).*

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Wednesday, October 3, 2018 ~ 8:30am-3:30pm

## Registration Form

*Please use this form to register additional attendees. Make additional copies as needed.*

### *Additional Attendee(s) Information:*

First Name:

Last Name:

Credentials:

Email Address:

Job Title:

Dietary Restrictions:

First Name:

Last Name:

Credentials:

Email Address:

Job Title:

Dietary Restrictions:

*Total Payment for Multiple Attendees:*

*Total Number of Attendees:* \_\_\_\_\_ x \$25.00 per person = \_\_\_\_\_

**Please send completed registration form(s) and \$25.00 payment per attendee to:**

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