



Caring for Parkinson's – Caring for You Symposium
Saturday, September 7, 2019 – 8:30 AM – 2 PM

To register for the Symposium, complete the form below. Additional attendees can be registered on the back of this page. Breakout sessions are first come, first serve – seats may be limited. For more information, call (980) 245-2786.

1. Name: _____

2. Email: _____

3. Street Address: _____

City/State/Zip: _____

4. Phone: _____

5. Breakout Session #1:

Place a checkmark beside the first breakout session that you would like to attend. Each attendee chooses two breakout sessions. To learn more about the speakers, visit:

www.parkinsonassociation.org/programs-events/cltsymposium

_____ **“Caregiving Resources 101”** - Nicole Clagett, Co-founder,
Guiding Lights Caregiver Support Center

_____ **“Parkinson’s Disease Psychosis”** - Dr. Craig Chepke,
Psychiatrist, Excel Psychiatry

_____ **“What to expect at an appointment”** - Dr. Sanjay Iyer,
Movement Disorder Specialist

_____ **“Nutrition Simplified”** - Samantha Eaton, Nutrition &
Eating Psychology Coach, Health Eaton

6. Breakout Session #2:

Place a checkmark beside the second breakout session that you would like to attend. Each attendee chooses two breakout sessions.

_____ **“Caregiving Resources 101”** - Nicole Clagett, Co-founder,
Guiding Lights Caregiver Support Center

_____ **“Parkinson’s Disease Psychosis”** - Dr. Craig Chepke,
Psychiatrist, Excel Psychiatry

_____ **“What to expect at an appointment”** - Dr. Sanjay Iyer,
Movement Disorder Specialist

_____ **“Nutrition Simplified”** - Samantha Eaton, Nutrition &
Eating Psychology Coach, Health Eaton

7. Would you like to register any additional attendees such as a spouse or family members? If so, complete the information below.

Name: _____

Breakout Session 1: _____

Breakout Session 2: _____

8. Please list any dietary restrictions for either attendee, breakfast and lunch will be served. (Gluten free, allergies, vegan, vegetarian, etc.)

9. At the end of the day we will have a panel consisting of: a physical therapist (PT), a speech therapist (ST) and an occupational therapist (OT). If you have any questions you would like to ask any of these therapists, please leave your question below and identify which therapist you would like to answer (PT, ST, OT).

10. Would you like to receive our monthly newsletters by email?
(Circle one.)

YES

NO

This form may be mailed to:

The Parkinson Association of the Carolinas

Attn: Dianna Beaty

2101 Sardis Road North

Box 15

Charlotte, NC 28227