

**CAREGIVER DAY OF R&R REGISTRATION FORM**

SEPTEMBER 17, 2008 ☞ 8:30 – 2:30 ☞ HOLIDAY INN ☞ DEDHAM

**8:30 - 9:00 REGISTRATION**

**8:30 - 9:30 EXHIBITOR FAIR OPEN**

**9:30 - 10:00 WELCOME SESSION**

“Finding the Rewards in Caregiving”

**10:00 – 11:00 BREAKOUT SESSION 1**

**CHOOSE ONE:**

- A. Manage Your Stress with Laughter
- B. Public Benefits and Health Insurance: Current Updates
- C. Support Group Discussion for Men Who Are Caregivers (Repeated in Session 2)

**11:15 – 12:15 BREAKOUT SESSION 2**

**CHOOSE ONE:**

- A. The Complex Emotions of Caregiving: Strategies for Management and Self Care
- B. Individual Consultation Time (Have a 15 minute consultation with an elder service professional – see list on Registration Form)
- C. Support Group Discussion for Men Who Are Caregivers (Repeat of Session 1)
- D. Grandparents Raising Grandchildren Sharing Session

**12:30 – 1:30 LUNCH**

**CLOSING REMARKS**

**1:30 – 2:30 EXHIBITOR FAIR OPEN**

**EXTRAS:**

**Relaxation Room:** On the day of the Conference sign up for a fifteen minute massage, hand treatment, reiki or chair yoga session. Learn about art or knitting as a stress relief activity or just quietly for a time.

**Exhibitor Fair:** Representatives from many local companies and organizations will display information about the tools they offer to help you care for your loved ones. The exhibits will be open throughout the day with dedicated time from 8:30 to 9:30 and 1:30 to 2:30.

**Directions to the Holiday Inn, Dedham:** From the north or south, take I-95 towards Dedham (Rte 128) to Exit 15A, Make a U-Turn at the first stoplight, Take your first right, The Holiday Inn is behind Joe’s American Bar and Grill.

\*If you have special communication or accommodation needs, please contact HESSCO Elder Services by September 10<sup>th</sup> at (781) 784-4944.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Send completed form and \$10 check payable to HESSCO Elder Services by September 8<sup>th</sup>

**Breakout Choices**

**Session 1:    A   B   C**

**Session 2:    A   B   C   D**

Mail To:  
Caregiver Conference  
HESSCO Elder Services  
One Merchant Street  
Sharon, MA 02067

**Session 2 Selection B:**

Please choose the following professionals with whom you would like to consult:

**Care Manager:** \_\_\_\_\_

**Alzheimer’s/ Dementia Coach:** \_\_\_\_\_

**SHINE/Public Benefits Specialist:** \_\_\_\_\_