



REGISTRATION FORM

TOGETHER WE MAKE A DIFFERENCE: Redefining Care for Older Adults in 2008.

SPONSORED BY:

**Ohio Medical Directors Association, Ohio Geriatrics Society, Ohio KePro
Ohio Consultant Dieticians in Healthcare Facilities, Ohio Society of Consultant Pharmacists**

October 3-5, 2008

Concourse Hotel, Columbus, OH

1-800-541-4574

Conference Fee:

- \$175 (nonmembers)
- \$150.00 (members)
- \$25.00(student, trainee)

* **Registration for this conference will be accepted until September 26, 2008.**

* **Hotel Rooms are not included in the conference fee.** The Concourse Hotel is extending a discounted rate of \$109 plus tax per night, for single or double occupancy. When making you hotel accommodations, mention that you will be attending this conference for the discounted rate.

***Course Objectives, Program and Credits** can be viewed at www.ohioamda.org.

Please enclose check addressed to Ohio Medical Director's Association (OMDA.) and mail to:

Barbara Messinger-Rapport, MD
Desk A91 Cleveland Clinic
9500 Euclid Ave
Cleveland, OH 44195

For questions, please call **Jennifer Kampe**

Direct: **937-208-8298**

Fax: **937-208-8276**

Email: jskampe@yahoo.com

Amount Enclosed:\$ _____

Friday supper: Circle either Chicken Fish Vegetarian

Name _____ Degree: _____

Address:

Telephone: _____ / _____ - _____ cell: _____

Facility: _____

email: _____

Meals that are included:

Friday: cocktails and supper

Saturday: breakfast, snack, lunch, snack, and cocktails

Sunday: breakfast and snack.

**Meals: Please indicate # persons desiring
vegetarian meals: _____**

**Circle either Chicken___ Fish ___
Vegetarian___ for Friday night upper**