

**Advanced Program in Geriatrics and Palliative Care for  
Front Line Primary Care Providers  
Registration Form**

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Last Name First Name Professional Degrees

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Email Year of Birth Male Female

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Mailing Address

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City State Zip

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Telephone Work # Home # Cell #

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Last 4 digits of SSN (This is required for reporting purposes and will be kept confidential)

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Institutional Affiliation Job Title

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Full CME information is available CNYGEC brochure: [http://www.nygec.org/downloads/2009\\_2010\\_GEC\\_brochure.pdf](http://www.nygec.org/downloads/2009_2010_GEC_brochure.pdf)

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**Full Course**

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|---|---|
| <input type="checkbox"/> JJ Peters (Bronx) VAMC<br><input type="checkbox"/> \$350 Physicians and Nurses<br><input type="checkbox"/> \$225 Allied Health Professionals<br><input type="checkbox"/> No Charge, VA Employees | <input type="checkbox"/> New York Harbor (Manhattan) VAMC<br><input type="checkbox"/> \$350 Physicians and Nurses<br><input type="checkbox"/> \$225 Allied Health Professionals<br><input type="checkbox"/> No Charge, VA Employees |
|---|---|

**Symposium 1: Answering Patient's Questions about Healthy Aging:  
State of the Science Update**

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| <input type="checkbox"/> Thursday, November 5, 2009<br>JJ Peters (Bronx) VAMC<br><input type="checkbox"/> \$75 Physicians & Nurses<br><input type="checkbox"/> \$ 50 Allied Health Professionals<br><input type="checkbox"/> No Charge, VA Employees | <input type="checkbox"/> Wednesday, November 10, 2009<br>New York Harbor (Manhattan) VAMC<br><input type="checkbox"/> \$75 Physicians & Nurses<br><input type="checkbox"/> \$ 50 Allied Health Professionals<br><input type="checkbox"/> No Charge VA Employees |
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**Symposium 2: Making Dementia Manageable**

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| <input type="checkbox"/> Thursday, December 3, 2009<br>JJ Peters (Bronx) VAMC<br><input type="checkbox"/> \$75 Physicians & Nurses<br><input type="checkbox"/> \$ 50 Allied Health Professionals<br><input type="checkbox"/> No Charge, VA Employees | <input type="checkbox"/> Wednesday, December 9, 2009<br>New York Harbor (Manhattan) VAMC<br><input type="checkbox"/> \$75 Physicians & Nurses<br><input type="checkbox"/> \$ 50 Allied Health Professionals<br><input type="checkbox"/> No Charge VA Employees |
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**Symposium 3: *The Alphabet Soup of Chronic Disease: How a Geriatrics/Palliative Care Approach Can Help***

Thursday, January 21, 2010

JJ Peters (Bronx) VAMC

- \$75 Physicians & Nurses  
 \$ 50 Allied Health Professionals  
 No Charge, VA Employees

Wednesday, January 27, 2010

New York Harbor (Manhattan) VAMC

- \$75 Physicians & Nurses  
 \$ 50 Allied Health Professionals  
 No Charge VA Employees

**Symposium 4: *ALS and Parkinson's Disease: It Takes a Village***

Thursday, March 11, 2010

JJ Peters (Bronx) VAMC

- \$75 Physicians & Nurses  
 \$ 50 Allied Health Professionals  
 No Charge, VA Employees

Wednesday, March 17, 2010

New York Harbor (Manhattan) VAMC

- \$75 Physicians & Nurses  
 \$ 50 Allied Health Professionals  
 No Charge, VA Employees

**Symposium 5: *Beyond the A<sub>1</sub>C: Caring for the Older Adult with Diabetes***

Thursday, April 15, 2010

JJ Peters (Bronx) VAMC

- \$75 Physicians & Nurses  
 \$ 50 Allied Health Professionals  
 No Charge, VA Employees

Wednesday, April 7, 2010

New York Harbor (Manhattan) VAMC

- \$75 Physicians & Nurses  
 \$ 50 Allied Health Professionals  
 No Charge, VA Employees

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**Method of Payment**

Bill my (check one)  Visa  Master Card  American Express

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

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Bill my credit card for: \$ \_\_\_\_\_

I've enclosed a check or money order payable to *MSMC Geriatrics* for: \$ \_\_\_\_\_

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Please return completed registration form and your remittance (if paying by check or money order) to:

Megan Huston, BS  
Program Coordinator  
CNYGEC, The Consortium of New York Geriatric Education Centers  
JJ Peters VAMC, GRECC  
130 W. Kingsbridge Road  
Bronx, NY 10468

Phone: 718 584 9000, est. 3836  
Fax: 718 741 4211

If you are paying by credit card or are a VA employee, you may complete this form on line and email it to [megan.huston@mssm.edu](mailto:megan.huston@mssm.edu) or fax this registration form to the above fax number.

If you have any questions, please call Ms. Huston at the above phone number.