



# ANXIETY, DEPRESSION, CANCER, AND POLYPHARMACY:

## MOVING BEYOND DENIAL TO CONSIDER OPTIONS FOR REDUCING FALLS RISK IN OLDER PATIENTS

### SATURDAY, SEPTEMBER 28, 2019

### REGISTRATION FORM

Send completed registration form to: #20ID018/60079  
MAHEC Registration  
121 Hendersonville Road, Asheville, NC 28803 Fax: 828-257-4768

Updated contact information.

NAME \_\_\_\_\_

CREDENTIALS \_\_\_\_\_

SOCIAL SECURITY # XXX-XX- \_\_\_\_\_ (last 4 digits required)

OCCUPATION \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME COUNTY \_\_\_\_\_

HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

EMPLOYER \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORK COUNTY \_\_\_\_\_



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Program announcements will be sent to your email unless you opt out from receiving MAHEC emails. We never share our mailing lists.

Please remove my name from the MAHEC mailing list.

MEAL PREFERENCE  Vegetarian  Gluten-free  Vegan

### FEE SELECTION

PROGRAM FEE  \$25.00  \$40.00 (after 9/21/19)

STUDENTS  \$10.00  \$25.00 (after 9/21/19)  
(must show student ID at check-in)

Full payment must accompany all submitted registrations unless a payment plan has been approved in advance. Registrations received without accompanying payment will not be processed.

Check is enclosed  Credit card information provided

Visa  MasterCard  Discover Card  American Express

ACCOUNT # \_\_\_\_\_

EXP \_\_\_\_ / \_\_\_\_ CODE ON BACK OF CARD \_\_\_\_\_ (3 digits)

NAME ON CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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