



Hope for Dementia & Alzheimer's Disease

Questionnaire

Course # 2502-584

July 1-3, 2016

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

1. Where did you hear about this conference? Social media, email, flyer, Omega catalog, colleague/friend, other _____?
2. Are you a healthcare professional? Y N If so, what is your specialty/professional license?
3. Are you a family member or caregiver for someone with dementia? Y N
4. Are you interested in hearing more about our education program for health coaches to help individuals and families implement Guidelines for addressing memory loss and dementia?

Please return your completed Questionnaire to Omega as soon as possible by:

Mail:
Omega Institute for Holistic Studies
Attn: Registration Dept
150 Lake Drive
Rhinebeck, NY 12572

Or scan and email:
classapplications@eOmega.org

Awakening the Best in the Human Spirit