

# Registration Form

## AGING INSTITUTE ADVANCES IN GERIATRIC HEALTH SYMPOSIUM May 15 and May 29, 2014

### CONTACT INFORMATION

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

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

Job Title: \_\_\_\_\_

UPMC Employee: (Yes/No) Facility: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Email Address: (Required) \_\_\_\_\_

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

### CONTINUING EDUCATION CREDITS REQUESTING

☐ RN ☐ MD ☐ PCH Administrator ☐ NH Administrator

☐ Social Worker\* ☐ None

License Number: \_\_\_\_\_

### LUNCH SELECTION: (Please Select One)

☐ California Turkey Club Wrap

☐ Spiced Grilled Vegetable Wrap

☐ Ham and Cheese on a Kaiser Roll

### SYMPOSIUM REGISTRATION FEES

#### Registration Fees Before April 30

UPMC Employee \$25/One Day

UPMC Employee \$50/Both Days

Non-UPMC Employee \$75/One Day

Non-UPMC Employee \$125/Both Days

#### Registration Fees After April 30

UPMC Employee \$40/One Day

UPMC Employee \$80/Both Days

Non-UPMC Employee \$100/One Day

Non-UPMC Employee \$150/Both Days

\* Social Workers Add \$10 To The Total Cost.

### REGISTRATION FEES INCLUDE:

- Free parking with shuttle service to Magee
- Continental breakfast
- Lunch included

### PAYMENT INFORMATION

No registration will be held or accepted without payment

#### Checks: Personal Or Employer, Or Money Order

Make Check Payable To And Mail To:

Aging Institute

3600 Forbes Ave. At Meyran

Forbes Tower, Suite 10065

Pittsburgh, PA 15213

☐ Employer Check Included ☐ Personal Check Included

☐ Employer Or Personal Check To Arrive Under Separate Cover

\*There Is A \$25.00 Returned Check Fee

### CREDIT CARD PAYMENT (CHECK ONE)

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Name On Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Cvd# (3-Digit Number On The Back Of The Credit Card): \_\_\_\_\_

Expiration Date (Month/Year): \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

### UPMC JOURNAL ENTRY TRANSFER

If you are a UPMC employee and your department will be responsible for payment, we can charge your department directly. Do not submit a disbursement to upmc accounts payable.

#### Complete the following:

Business Unit: \_\_\_\_\_

Account Number: \_\_\_\_\_

Department Id Number: \_\_\_\_\_

Authorized Department Approver Name: \_\_\_\_\_

Authorized Department Signature: \_\_\_\_\_

**For questions or more information,  
contact Peggy Edinger at 412-864-2396  
or edingerpj@upmc.edu.**

Please add me to the Aging Institute email list to receive news and information in the future about the Aging Institute, its services, and educational events. ☐ Yes ☐ No

**Aging.UPMC.com**

## AGING INSTITUTE

of UPMC Senior Services and the University of Pittsburgh