



Attention Executive Directors, Administrators, Assisted Living Managers, Directors of Nursing, Social Services, Activities, Dining Services, Environmental Services, Staff Development Coordinators and Corporate Staff-

## Xtreme Aging Training\*

**July 16, 2009, 9 a.m.-12 p.m. – AOPHA Office, Columbus**

Why attend Xtreme Aging Training? You will gain a better understanding that is vital to identifying the true needs of the aging population and practice the skills necessary to provide effective care/service to the aging cohort. The Xtreme Aging Training is interactive as well as experiential and addresses aging awareness.

### Participants are empowered to:

- Identify and challenge common myths and stereotypes related to aging.
- Develop strategies to help build enhanced Elder relationships.
- Participate in simulated experiences as an Elder.

### SPEAKERS

**Vicki Rosebrook**, Ph.D., Executive Director, Macklin Intergenerational Institute, Findlay  
**Hollie Haley**, BA, Assistant Executive Director, Macklin Intergenerational Institute, Findlay

### CEUs

Three (3) hours for nursing home administrators, assisted living managers, RNs, LPNs, social workers and certified aging services professionals. Dietitians, certified dietary managers, activity professionals and housekeepers are eligible for comparable credit.

### Fees

Special Rate

### Member

\$30/person

### Nonmember

\$99/person

\*The training seen on NBC's "Today" and on the cover of the *New York Times*!

Do not delay- registration limited to the first twenty people!

Cancellations received prior to July 13 will be refunded minus a \$40 processing fee. No refunds will be issued after July 13. Three options to register: 1) online at [www.aopha.org](http://www.aopha.org) under "Upcoming Events" on front page; locate this event and click on link to register. 2) Fax registration and valid credit card number to AOPHA at (614) 444-2974. 3) Mail completed registration form and full payment to AOPHA, 855 South Wall Street, Columbus, OH 43206-1921. Your reservation will be made upon receipt of this form and payment by credit card or check. All registrants will receive a confirmation letter. If you do not receive a confirmation, please do not assume that you are registered.

1. Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Facility: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Credit Card Payment: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AmEx \_\_\_\_\_ Discover \_\_\_\_\_  
 Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Total: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 3-Digit Number on Back of Card: \_\_\_\_\_