



AGING WELL

27th Annual Aging Well Conference Invitation

Join us to celebrate 27 years of Aging Well! Don't miss this exciting conference that provides you with the opportunity to learn from exceptional presenters who are experts in the field of aging. Learn about the future of aging care in Wisconsin, livable communities, and more! Everyone is welcome! Also, as a member of Adventures in Lifelong Learning you can attend this conference at the special rate of \$30*. Registration deadline is April 28, 2017.

AGENDA

- 7:30 **Registration and Check In**
 8:00 Welcome
 8:15 **Keynote 1** | Loretta Woodward Veney
 Being My Mom's Mom
 9:45 **Breakout Session 1**
 A. Exploring Engagement: Creative Programs for People with Memory Loss
 B. Challenging Behaviors and Caregiving Approaches
 C. Telehealth in the Veterans Administration
 D. Sexual Health and Aging
 E. Health and Wellness for Seniors with Intellectual and Developmental Disabilities
 11:15 **Breakout Session 2**
 A. Exploring Engagement: Creative Programs for People with Memory Loss
 B. Music and Memory
 C. Improving the Health of All Communities: The Changing of the Face of Aging
 D. What Motivational Interviewing is NOT (and Why that Should Excite You as a Caregiver)
 E. Caregiver Panel
 12:30 Lunch
 1:15 **Keynote 2** | Cindy Ofstead, PhD
 The Future of Aging Care in Wisconsin: Health Promotion, Prevention, Managed Care
 2:45 **Breakout Session 3**
 A. Music and Memory
 B. Anxiety Disorders Among Older Adults
 C. Substance Use Problems in Late-Life
 D. The Martial Art of Wellness: Tai Chi & Qigong
 E. Livable Communities
 4:00 Adjournment

DETAILS

Date: Friday, June 2, 2017
 Time: 8:00 am – 4:00 pm
 Location: UW-Parkside Student Center

Thank you to our sponsors



To register send the completed form below and payment by Friday, April 28, 2017 to UW-Parkside Continuing Education, 900 Wood Road, Kenosha, WI 53144. Call 262-595-3340 or email continuing.ed@uwp.edu with questions.

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Credit Card payments – call to register – 262-595-3340

_____ ALL Member Conference Registration \$30* \$ _____ Ch # _____

Name		Name	
Address		Address	
City/St/Zip		City/St/Zip	
Email		Email	
Day Phone		Day Phone	
	Please Circle		Please Circle
Lunch Preference	Gluten Free Yes No	Lunch Preference	Gluten Free Yes No
Breakout Session 1	A B C D E	Breakout Session 1	A B C D E
Breakout Session 2	A B C D E	Breakout Session 2	A B C D E
Breakout Session 3	A B C D E	Breakout Session 3	A B C D E

*The special ALL conference rate of \$30 is not available with online registration. To receive this special rate you may use this form to register and pay by check or call to register to pay by credit card. Please call 262-595-3340 with questions.