

**Ask the Expert...**

*Leilani Doty, PhD, is the Director of the University of Florida Cognitive & Memory Disorder Clinics (MDC), has served in leadership, administrative, educational, clinical, and outreach roles related to Alzheimer's disease and related dementias since 1986.*

**Alzheimer's 201**

**Alzheimer's & Atypical Dementias Signs, Treatment, Care & Research**

**Caregiver Coping: Communication & Behavior Challenges**

***Thank You:***

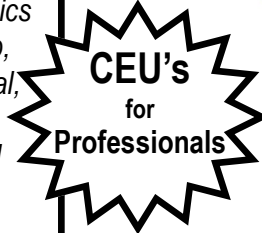
Lake County

**Waterman Village**

Hernando County

**Springbrook Hospital**

Alzheimer's Family Organization  
PO Box 1939  
New Port Richey, FL 34656-1939  
(727) 848-8888 · (888) 496-8004  
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*Presents:*

**'Ask the Expert'  
Leilani Doty, Ph.D.**

*Director of the University of Florida Cognitive & Memory Disorder Clinics*

Thursday, September 18, 2014

**Waterman Village**

**The Lodge Multipurpose Center  
445 Waterman Ave., Mt. Dora 32757**



Friday, September 19, 2014

**Springbrook Hospital**

**7007 Grove Rd., Brooksville 34609**



**Registration 8:00 AM — 8:45 AM / Workshop 8:45 AM - Noon**

**Professionals - Member \$25 / Non-Member \$35 / New Member \$75\***

*Includes 3 CEU's - Nursing/Guardianship/Social Worker/Therapist  
(GROUP RATES - MIN. OF 10 / \$20 pp)*

**FREE - FREE - Caregivers - FREE - FREE**

To register, go to [alzfamily.org/afocare](http://alzfamily.org/afocare) & pay online by the 9/12 deadline.

***Certificate of Attendance & Continental Breakfast Included***

For more information call our office at 727-848-8888 or 1-888-496-8004 or visit <http://alzfamily.org/afocare>

Please return this form with payment or call our office to register and pay by MasterCard/Visa/Discover.  
Alzheimer's Family Organization, PO Box 1939, New Port Richey, FL 34656-1939

NAME: \_\_\_\_\_ MEMBER: \_\_\_\_\_ NON-MEMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**DATE YOU WILL ATTEND:** \_\_\_\_\_ Sept. 18th - The Villages \_\_\_\_\_ Sept. 19th - Spring Hill

**PROFESSIONALS** \_\_\_\_\_ Member \$25 \_\_\_\_\_ Non-Member \$35 \_\_\_\_\_ New Member \$75\* (\$10 savings)

LICENSE # \_\_\_\_\_ CEU's Required: \_\_\_\_\_ Nursing \_\_\_\_\_ Social Worker \_\_\_\_\_ Guardianship \_\_\_\_\_ Therapist

