

PROTECTIVE SERVICES & ELDER ABUSE REPORTING

We invite Home Care Agency and ASAP staff to join us for this informative program on Protective Services and Elder Abuse Reporting Protocols for Home Care Agencies in Massachusetts.

Monday, May 21st from 2:00pm-4:00pm
Bristol Elder Services, Fall River
\$40/Member, \$80/Non-Member



Protective Services and Elder Abuse Reporting Protocols for Home Care Agencies in Massachusetts

Presenters:

- **Sherman Lohnes**, Director, Division of Health Care Facility Licensure and Certification within the Department of Public Health
- **Beth Sheffler**, Complaint Unit Manager, Division of Health Care Facility Licensure and Certification
- **Alec Graham**, Director of Protective Services for the Executive Office of Elder Affairs



REGISTRATION FOR PROTECTIVE SERVICES & ELDER ABUSE REPORTING PRESENTATION

Monday, May 21st, 2018 – 2:00pm to 4:00pm
Bristol Elder Services, 1 Father Devalles Blvd. #8,
Fall River, MA 02723

Council Member Registrations

Registration- \$40.00/person

Name _____ Title _____

Agency _____

Email _____ Phone _____

Name _____ Title _____

Email _____ Phone _____

Name _____ Title _____

Email _____ Phone _____

(Duplicate this form for additional participants as needed)

Non-Member Registrations

Non-member Registration - \$80.00/person

Name _____ Title _____

Agency _____

Email _____ Phone _____

(Duplicate this form for additional participants as needed)

TOTAL REGISTRATIONS

Council Members

\$40.00/registrant

Total Registrations = _____ Total Cost = _____

Non-Members

\$80.00/registrant

Total Registrations = _____ Total Cost = _____

PAYMENT INFORMATION

TO PAY BY CHECK: Make check payable to the Home Care Aide Council and mail to Home Care Aide Council, 124 Watertown Street, Suite 2E, Watertown, MA 02472 before May 27, 2016.

TO PAY BY CREDIT CARD: Complete attached form and forward to the Council office by mail, email to layala@hcacouncil.org or fax to (781) 209-5977

Number of Registrations: _____ Amount Total Owed: _____

Please check one:

_____ American Express _____ MasterCard _____ VISA

Exp. Date ____/____ (Month/Year)

CV Code (MC/Visa: 3 digit on reverse or AMEX: 4-digit code on front) _____

Card Number _____

Cardholder's Name _____

Billing Address _____

City State Zip _____

Signature _____

FOR MORE INFORMATION, CONTACT THE COUNCIL OFFICE AT (617) 744-6561