

**Beard Center on Aging at Lynchburg College
Family Caregiving Training
REGISTRATION FORM**

Name: _____

Address: _____

E-mail Address: _____

Daytime Phone Number: _____ Cell Phone Number: _____

Date: Two Saturdays- June 11 & 18, 2011

Any questions you would like addressed during the program? _____

Person you care for: ___parent ___spouse ___friend ___other family member

Does your loved one have dementia? _____

What are your biggest challenges as a caregiver? _____

What community resources have you utilized to assist you? (OPTIONAL) _____

Cost: \$20.00

Method of Payment: Check Charge Cash

Scholarships are also available. Contact the Beard Center on Aging for additional information.

Please make checks payable to “Beard Center on Aging” & mail to:

Beard Center on Aging, Lynchburg College, 1501 Lakeside Drive, Lynchburg, VA 24501

For cash or charge, call the Beard Center on Aging at (434)-544-8456