



*Second Annual*  
**Massachusetts Statewide  
Falls Prevention Symposium**

Tuesday, May 19<sup>th</sup>  
DCU Center, Worcester  
9:30am – 3:00pm  
(boxed lunch included)

Registration and Refreshments open at 8:30 am

This symposium will bring together leaders from around Massachusetts, neighboring New England states and national organizations working on falls prevention across settings. Educational programs will include content on falls prevention for hospitals, long term care facilities, assisted living, community and home care agencies. Afternoon sessions will be interactive, and ample time for networking will be provided. Topics covered will include hospital falls, community-based exercise programs, and special topics such as vision and behavioral management to prevent falls. Government agencies participating in falls prevention and key state legislators will also be in attendance.

**Keynote Speaker:** Dorothy Baker, PhD, RN; Research Scientist/Scholar, Internal Medicine, Geriatrics; Director, CT Collaboration for Falls Prevention, Yale University School of Medicine

**To Register: Fill out enclosed Registration Form**  
**Questions: Call Alissa at Mass Senior Care at 617-558-0202**

*Up to 4.5 CEUs will be provided for administrators, nurses, activity professionals and social workers.  
Certificates of attendance will be provided to all attendees.*

Sponsored by:  
**Senior Whole Health**  
**Massachusetts Department of Public Health**  
In association with:  
The Massachusetts Falls Prevention Coalition  
The Massachusetts Senior Care Foundation  
The Home Care Alliance of Massachusetts

*If you are Deaf or hard of hearing, or are a person with a disability who requires accommodation, please contact Lewis Howe at 617-624-5460, Fax to 617-624-5075, or email to [Lewis.Howe@state.ma.us](mailto:Lewis.Howe@state.ma.us) by May 1, 2009.*



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*Space is limited.  
Please register  
early!*

**REGISTRATION FORM**  
**Registration Deadline is May 1, 2009**  
**PLEASE PRINT CLEARLY**

<b>Participant Type: (Please circle)</b>	<b>Nursing Facility / Hospital / Surveyor / Home Health / MD/NP / Other</b>	
<b>Facility/Company:</b>		
<b>Address:</b>		
<b>City, State, Zip</b>		
<b>Phone #</b>		<b>Fax #</b>
<b>Name/ Title of Attendees:</b>		<b>Email:</b>
1.		
2.		

***Please note that space is limited and each facility/organization may register up to 2 people for this event. For nursing facilities we strongly recommend that participants include the Administrator, Director of Nurses, or other managerial position, and a CNA, or other direct care worker.***

<b>Fee: \$25 per person</b>	<b>Maximum of 2 people per facility/organization</b>
<b>METHOD OF PAYMENT</b>	
Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Card Number: _____ Expiration Date: ____/____/____	
LAST 3 NUMBERS ON BACK OF CARD: ____ ____ ____	
Name on Card: _____	
Signature: _____	
Home Address (if personal card): _____	
Zip Code: _____	
Check for \$ _____ Enclosed.	Make check payable to & mail to: <b>MASS. SENIOR CARE ASSOCIATION</b>

**CEUs will be available for Administrators, Nurses, Social Workers & Activity Professionals.**

**CEU REGISTRATION WILL TAKE PLACE ON-SITE**

Please **FAX OR MAIL** this form to:

Massachusetts Senior Care Association  
2310 Washington Street, Suite 300  
Newton Lower Falls, MA 02462  
**FAX: 617-558-3546**