

Name:	
Organization (if applicable)	
Address:	City, State, Zip:
Daytime Phone:	Evening Phone:
E-mail Address:	
	four sections below. See brochure for session details.)
9:30 a.m.	
1.1. Effective Communication Strategi	
1.2 Estate Planning Through the Seaso	ons of Life
1.3 Medicare Options	
1.4 The KanCare (Kansas Medicaid) Ap	oplication Process and What to Expect
10:30 a.m.	
2.1 What's New at WSU	
2.2 Advance Care Planning: Make the	Decision Yours
2.3 Quirky Kansas	
2.4 Living With Low Vision	
12:30 p.m.	
3.1 Know the 10 Signs: Early Detection	n Matters
3.2 Retirement Living 101	
3.3 Seniors and the Gap	
3.4 Stroke Awareness: Causes, Preven	ition, Survival
1:30 p.m.	
4.1 WSU's Best-Kept Secrets: Patient-	Serving Clinics
4.2 Kansas Senior Games - Let's Go Pla	ау
4.3 You're Promoted: Caregiver to Car	re Manager
4.4 Benefits and Healing Power of Mo	
I require vegetarian meals:	
Please list any medical/religious dietary res	trictions, or other special accommodations needed:
Registration Fees:	4
Professionals	\$25 \$ \$10 \$ \$10 \$
Attendee (age 55+)	\$10 \$
Student	
*Walk-in registrations will be accepted if sp	ace is available.
Credit Card Number:	VS: MC: AMEX: DSC: Expiration:
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