

Dementia Care: Pathway to Reduced Antipsychotic Use - Webinar

Attendee Information

First Name: _____ MI: ____ Last Name: _____

Title: _____ Company/Facility Name: _____

Work Address: _____ City: _____

State: ____ Zip: _____ Phone: _____ Ext. _____

Individual Attendee's Email Address: _____
(Required for Confirmation and CEs)

License No: _____ Type: _____ Exp: _____
(Required if applicable) (MM/DD/YYYY)

Date and Location

Login information and materials will be emailed prior to the start of the webinar.

Thursday, December 5, 2019
11:00 am - 12:00 pm (PST)

Registration Type

CAHF Members

\$29.00

Non-members

\$62.00

**CE Hours
Requested:**
BRN 1
NHAP 1

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