

# WRITE YOUR OWN ENDING: IT'S ABOUT LIVING EACH DAY

*An invitation to join us for an empowering conference.*

**Wednesday, November 3rd, 2010**

**9:30am - 3:30pm**

**High Peaks Resort, Lake Placid NY**

High Peaks Hospice & Palliative Care, Hospice of the North Country and Hospice & Palliative Care of St. Lawrence Valley invite you to join us for this exciting and enlightening two part conference on taking back you life. The conference will be held on Wednesday, November 3rd, 2010 at the High Peaks Resort in Lake Placid from 9:30am until 3:30pm. *This special conference is for those facing a life limiting illness, those who have cared or are caring for someone with a life limiting illness and those wishing to learn how to achieve a more peaceful and dignified end of life experience. It is also for the professionals who serve them.*

*To register, please fill out the form below and return it,* with your payment, by

**October 20th, 2010** to:

**High Peaks Hospice & Palliative Care, PO Box 840, Saranac Lake NY 12983**

If you have any questions or would like to register by e-mail or telephone, please contact High Peaks Hospice & Palliative Care at 518.891.9631 ext 116 or e-mail [darsietownsend@highpeakshospice.com](mailto:darsietownsend@highpeakshospice.com). You can also register on line at [www.highpeakshospice.com](http://www.highpeakshospice.com).

*We hope to see you there!*

*\*This continuing nursing education activity has been submitted to the New York State Nurses Association and the National Association of Social Workers, an accredited approver by the American Nurses and Social Workers Credentialing Center's Commission on Accreditation.*

## REGISTRATION FORM

The registration fee of \$40 per person includes: the two session conference, "morning "coffee" break, luncheon and CEUs". Please fill out one form per person (form may be copied)

Name(s) \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Payment Method:

Please check the appropriate box (check one):

Enclosed is a check or money order for \$ \_\_\_\_\_ made out to "High Peaks Hospice & Palliative Care"

Visa/Mastercard /Discover (circle one)

Name on card \_\_\_\_\_

Card # \_\_\_\_\_ Exp date \_\_\_\_/\_\_\_\_