



9th Annual

Caring Connections

Caregiver Conference and Resource Fair

"Caregiving with Open Hearts and Helping Hands"

Thursday, March 8, 2018

8:00 a.m. - 3:00 p.m.

**Edwards Hall
New River Community College
Dublin, Virginia**

Conference services supported by:

**NEW RIVER
Community College**

WORKFORCE DEVELOPMENT

Conference Agenda: March 8, 2018

8:00 - 9:00: REGISTRATION / VISIT WITH EXHIBITORS : Edwards Hall

9:00 - 9:15: WELCOME AND OPENING SESSION : Edwards Hall

9:15 - 9:30: OPENING WELCOME FROM CAREGIVERS: Edwards Hall

- Music Video: Peter Rosenberger
- Caregiver's Opening Greeting: Lindy Waterbeck Terry

9:30 - 10:30: KEYNOTE SESSION: Edwards Hall

"The Juggling Act of the Modern Caregiver", Pete Shrock

First steps in balancing family, career, and social & personal commitments while managing these roles in caregiving relationships; tackling stigmas & negative self-talk caregivers face and highlighting why caregivers are doing better than they think.

10:30 - 10:45 : BREAK

10:45 - 12:00: MORNING BREAKOUT SESSIONS: Edwards Hall

SESSION A: *"The Battle for Balance: Finding Your Self in Family Caregiving", Avi Hopkins*

Empowering yourself to manage family expectations, create processes that work for your caregiving style, and combat compassion fatigue.

SESSION B: *"Caring for a Loved One: How Smart Home Technology Supports Caregivers", Chris*

Moore : Realistic, person-centered smart technology for caregivers that addresses safety concerns while maintaining independence for the individual; interactive discussion of remote support technology that can ease care transitions and create greater peace of mind for caregivers.

SESSION C: *"Virtual Dementia Simulation", Michael Cranwell & Melisha Darnell:* An opportunity

for participants to engage in an interactive experience into the daily challenges of a person living with dementia or confusion. (NOTE: Simulation will be available throughout the course of the day's conference.)

SESSION D: *"Building the Pathway to Medicaid Waivers", Megan Moore, Shayna Thacker:*

Identifying the "tools" for Medicaid covered long-term services and supports through interactive discussion.

12:00-1:00: LUNCH / VISIT WITH EXHIBITORS: Edwards Hall

AFTERNOON PRESENTATIONS: Edwards Hall

1:00 - 1:30: *"Devotion of Caregivers", Ricky Cox:* A musical presentation in celebration of the devotion of caregivers, measured out over months and years, so slowly, steadily, and quietly that it passes unnoticed outside the rooms and homes where it is bestowed.

1:30 - 2:30: *"Self Care for the Caregiver's Soul", Angela McGoldrick:* An invitation for caregivers to awaken the senses and indulge in learning the keys to self care and the importance to reconnect with oneself in order to be the best YOU can be!

2:30 - 3:00: CLOSING REMARKS/DOOR PRIZES

Conference Registration

Register only one person per registration form. **Registration deadline is no later than 5:00 p.m., Friday, February 23, 2018.**

Name: First: _____ Full Middle: _____ Last: _____

Birth date: _____ Gender: Female Male

Mailing Address: _____

City/ State/ Zip Code: _____

Phone : _____ Email: _____

(* Please note that the enclosed New River Community College Workforce Development "Non-Credit/CEU Application" form is required for registration purposes; please complete and return with conference registration.)

★ Indicate your care-giving role:

- Family / Volunteer Caregiver** **Professional / Professional Caregiver**
No Conference Fee Conference Fee: \$35.00
(NOTE: Please remit payment with registration.)

★ Do you require special adaptations or accommodations?

yes no Please describe: _____

★ Do you require a vegetarian lunch? yes no

★ Please choose ONE morning breakout session that you wish to attend:

SESSION A: _____ SESSION B: _____ SESSION C: _____ SESSION D: _____

Mail registration form (and payment, if applicable) to :

Jennifer Viers
Caring Connections Conference Registration
New River Valley Agency on Aging
141 East Main Street, Suite 500
Pulaski, Virginia 24301

WORKFORCE DEVELOPMENT NON-CREDIT/CEU APPLICATION AND REGISTRATION

STUDENT ID: _____ Or SS# xxx-xx-_____ (Last 4 digits only)
Providing a social security number is not required but highly recommended. If not given, access to some services will be limited and tax reporting information will not be available. Note: Social Security number is required for financial aid applicants.

Workforce Development, New River Community College, 5251 College Drive, Dublin, VA 24084
Phone: (540) 674-3613 Fax: (540) 674-3634

1. Name: First: _____ Full Middle: _____ Last: _____
2. Prefix: _____ (Miss, Ms. Mrs. Mr.) (Former Name) 3. Suffix: _____ (None, Jr., Sr., III, Other)
4. Birth Date: _____
Month Day Year

IN ORDER FOR REGISTRATION TO BE PROCESSED, ALL FIELDS MUST BE COMPLETED.

5. Have you previously attended, applied for admission to, or been employed by any Virginia community college? Yes No

6. Phone (include area code): _____ 7. E-mail Address _____

8. Have you lived in Virginia for the last twelve months? Yes No

9. Home Mailing Address: Street name/number OR P.O. Box: _____

City State Zip/Postal
County: _____

10. Business Phone (if employed) _____ Ext. _____

11. Employer Name (if employed) _____

12. Gender: Male Female 13. Is English your native language? Yes No

14. U.S. Citizenship Status: Native Naturalized Alien Permanent Alien Temporary Not living in U.S.

A# _____ Visa Type: _____
Permanent: Yes No Country of Citizenship _____

15. Race: American Indian/ Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White

16. Ethnicity: Hispanic/Latino Not Hispanic/Latino

17. U.S. Military Status I have never served My spouse has served I am a dependent of someone who served
 I have served Not Indicated

COURSE NAME(S), NUMBER(S), AND CLASS ID NUMBER(S) (Example: Word Introduction ITEC 630001-01WF Class ID #1551)		
Caring Connections Caregiver Conference	HLTH 5600285	8889-C1
Course Name/Course Number	Class ID	Term/CEU's

Parent/Legal Guardian's Signature (if applicant is under 18 years of age) _____

Emergency Contact Information

First Name _____ Last Name _____

Relationship _____ Phone # _____

Date _____

NO REFUNDS AFTER THE START OF CLASS

FOR YOUR SECURITY PLEASE DO NOT E-MAIL OR FAX THIS FORM

Because of the personal information requested on this form (Social Security Number and/or credit card information), it is suggested that you mail or hand-deliver the application to the college.