This is a special Sunday afternoon conference for clergy, deacons, laypeople of all congregations and faiths, and caregivers who provide spiritual support for those suffering from memory loss as their condition progresses. Presentations, workshops and discussions will help lead to an understanding that people with memory loss continue to have spiritual needs and will present tools and ideas about how to serve those in need.

**Keynote Speaker:** Maureen Matthews, RN, PhD, Director of the Early Memory Loss Program, Stamford Counseling Center, Stamford, CT

**Program Coordinators:** Reverend Jonathan Linman, MNYS & Reverend Carol Fryer, Chaplain for The Wartburg Adult Care Community

**Workshop Presenters:** Janet Palazzolo, MSW, Administrator, Residential Services at The Wartburg; Martha Dunphy, MSW, Residential Social Worker; Darlene Yancey, Memory Care Supervisor at Meadowview Assisted Living, The Wartburg; Catherine Burke, Director of Club Wartburg Adult Day Programs; Angela Sharpe, MSW, Adult Day Program Social Worker

Sunday, May 22, 2011

3 pm to 6 pm

The Wartburg Conference Center, 1 Wartburg Place, Mount Vernon, NY 10552

Detach & Mail Registration Form with $15. Registration includes a copy of the book NO ACT OF LOVE IS EVER WASTED by Richard L. Morgan and Jane Marie Thibault, conference attendance and a light supper. Checks can be made payable to The Wartburg and mailed to Karen Thomas, The Wartburg Foundation, 1 Wartburg Place, Mt. Vernon, NY 10552. Seating is limited. Please register by May 16, 2011. For more information call Karen at (914) 513-5308 or call Branden Dicks at the Metro New York Synod, (212) 665-0732. (Please print)

Name(s) & Title(s) of Attendee(s):

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Congregation (if applicable):__________________________________ Contact Person: ______________________________________

Address: ____________________________________________________________________________________________________

City ________________________ St _______ ZIP______

Area code/Phone Number: ____________________________________Email address: __________________________________

☐ I am a family/friend caregiver

TOTAL # OF REGISTRANTS _________ X $15 = Total Payment Enclosed ____________