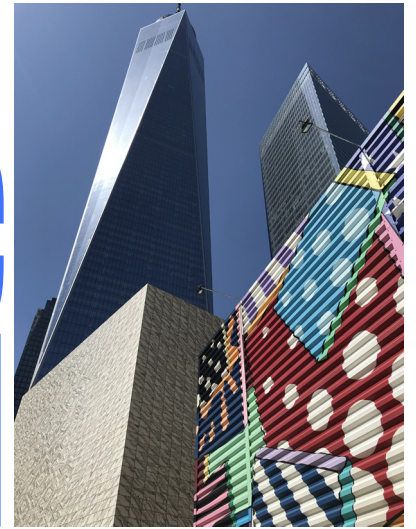


CREATE WORKSHOP 2025 NYC



**DESIGNING FOR OLDER ADULTS
WITH COGNITIVE IMPAIRMENT**



Thursday May 1, 2025 – Friday May 2, 2025

ATTENDEE INFORMATION (Please print clearly, information will be used on name tags)

NAME _____
POSITION _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE _____ EMAIL _____

PAYMENT INFORMATION: REGISTRATION FEE: \$1200; STUDENTS AND POST DOCS: \$800

PAYING BY CHECK MAKE CHECK PAYABLE TO: **WCM DIVISION OF GERIATRICS AND PALLIATIVE MEDICINE**
PLEASE NOTE ON CHECK: **REGISTRATION CREATE 2025**

PAYING BY CREDIT CARD PLEASE SCAN COMPLETED FORM TO: **adj2012@med.cornell.edu**
INSTRUCTIONS TO FOLLOW ONCE REGISTRATION FORM IS RECEIVED

I HAVE ATTACHED A CHECK. PLEASE SEND COMPLETED REGISTRATION FORM AND CHECK TO:
ADRIENNE JARET
WCM DIVISION OF GERIATRICS AND PALLIATIVE MEDICINE
420 EAST 70TH STREET (LASDON HOUSE), 3RD FLOOR, OFFICE LH-309
NEW YORK, NY 10021

WORKSHOP LOCATION

**WEILL CORNELL MEDICINE, DIVISION OF GERIATRICS AND PALLIATIVE MEDICINE
CENTER ON AGING AND BEHAVIORAL MEDICINE (CABR)**

**LASDON HOUSE, 420 EAST 70TH STREET (BETWEEN 1st AVE & YORK AVE), 3RD FLOOR CONFERENCE
ROOM NEW YORK, NY 10021**