

# 47TH ANNUAL



Celebrating **50** Years

# HOME CARE AIDE CELEBRATION

## THURSDAY, NOVEMBER 16, 2017

### BOXBORO REGENCY HOTEL, BOXBORO, MA

CO-SPONSORED BY THE EXECUTIVE OFFICE OF ELDER AFFAIRS

**11:45<sub>AM</sub>**      **REGISTRATION OPENS**

**12:15<sub>PM</sub>**      **LUNCHEON**

**1:00<sub>PM</sub>**      **WELCOME**

**Alice Bonner**, Secretary, Executive Office of Elder Affairs

**1:15<sub>PM</sub>**      **LIGHTENING YOUR LIFE WITH LAUGHTER**

Keynote presentation by **Wendy Wollner**

**2:00<sub>PM</sub>**      **PRESENTATION OF HOME CARE AIDE SERVICE AWARDS**

- ◆ Effie Chalmers Waddell Homemaker/Personal Care Homemaker Award
- ◆ Hilda LaRocca Home Health Aide Award
- ◆ Verlean Foster Home Care Aide Award
- ◆ Carlene McGoldrick Kenney Scheduler/Coordinator Award
- ◆ Cathe Madden ASAP Case Manager Award
- ◆ \*New\* Selma Cohen Rookie of the Year Home Care Aide Award

**3:00<sub>PM</sub>**      **DOOR PRIZE DRAWING**

A CERTIFICATE FOR TWO HOURS OF INSERVICE

CREDIT WILL BE PROVIDED



**REGISTRATION FOR 47<sup>TH</sup> ANNUAL HOME CARE AIDE CELEBRATION**

**Thursday, November 16, 2017, 12:15PM – 3:00PM**  
**Boxboro Regency Hotel, 242 Adams Place, Boxboro, MA 01719**

Space is limited. Advanced reservations and payment required.  
Return form to the Council Office by **November 10, 2017**.

Name \_\_\_\_\_  
Agency \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email address \_\_\_\_\_

Reserve \_\_\_\_\_ seats @ \$30 per person for Council Members  
Reserve \_\_\_\_\_ seats @ \$60 per person for Non-Members

Total Registrations = \_\_\_\_\_ Total Cost = \_\_\_\_\_

**\*Please list any dietary restrictions here\*** \_\_\_\_\_

Please complete and **mail to:** Home Care Aide Council, 124 Watertown St., Suite 2E  
Watertown, MA 02472. **Email to:** [celebration@hcacouncil.org](mailto:celebration@hcacouncil.org) or **Fax to:** [781-209-5977](tel:781-209-5977)

**PAYMENT INFORMATION**

Checks can be made payable to: Home Care Aide Council  
124 Watertown St., Suite 2E  
Watertown, MA 02472

To pay by credit card, please complete below and forward to the Council office by mail at  
address above, by fax at 781-209-5977, or by email at [celebration@hcacouncil.org](mailto:celebration@hcacouncil.org)

Please check one: American Express                      MasterCard                      VISA

(3 or 4 digit security code) \_\_\_\_\_ Exp. Date \_\_/\_\_\_\_(Month/Year)

Card Number \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_