

47TH ANNUAL



Celebrating **50** Years

HOME CARE AIDE CELEBRATION

TUESDAY, NOVEMBER 16, 2017

BOXBORO REGENCY HOTEL, BOXBORO, MA

CO-SPONSORED BY THE EXECUTIVE OFFICE OF ELDER AFFAIRS

11:45_{AM} **REGISTRATION OPENS**

12:15_{PM} **LUNCHEON**

1:00_{PM} **WELCOME**

Alice Bonner, Secretary, Executive Office of Elder Affairs

1:15_{PM} **LIGHTENING YOUR LIFE WITH LAUGHTER**

Keynote presentation by **Wendy Wollner**

2:00_{PM} **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

3:00_{PM} **DOOR PRIZE DRAWING**

A CERTIFICATE FOR TWO HOURS OF INSERVICE
CREDIT WILL BE PROVIDED



REGISTRATION FOR 47TH ANNUAL HOME CARE AIDE CELEBRATION

Tuesday, 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 or **Fax to:** 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

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 _____