

**Northwood's 7<sup>th</sup> Annual Research Symposium**

Research in Aging,  
Continuing Care and Beyond

**Friday, June 16, 2017**

**Best Western Burnside, Dartmouth**

**15 Spectacle Lake Dr.**

**Dartmouth, Nova Scotia, B3B 1X7**

**902-463-2000**



The Abe Leventhal Research Fund

*Soci t *  
*Alzheimer*  
*Society*  
NOVA SCOTIA





***In our pursuit of excellence, and in challenging the status quo, we seek to establish and enhance our understanding of facts, principles and knowledge, for the betterment of our clients and the betterment of society.***

## **Research**

Since its inception in 1962, Northwood has led the way as a powerful advocate for seniors and people at risk, committed to helping people live more. For Northwood, it is not just the care we provide, it's also about the conversation we have while we're providing care. What does that mean for our clients?

Northwood is a place of "firsts." When life changes, and society changes, Northwood leads the way, with our commitment to quality and our promise of service. From new ideas to new technologies, we are empowered to do this, because our focus is on people.

One of our values challenges us to *"always do better,"* to achieve excellence in all our programs and services through learning and applying evidence based knowledge. This way we gain a better understanding of the services we provide by translating knowledge into information we can use at the bedside.

As a leading organization, we investigate, integrate and contribute to the ever-expanding knowledge base of continuing care in Canada. In our pursuit of excellence, and in challenging the status quo, we seek to establish and enhance our understanding of facts, principles and knowledge for the betterment of our clients and the betterment of society.

That commitment to research and working with the academic community has fostered a learning environment at Northwood that benefits all who pass through our doors. It's a commitment that also extends out into the community. Each year, Northwood hosts a Research Symposium that brings together leading researchers, academics and people working within Continuing Care to look at and discuss critical issues facing our society.

This is our 7<sup>th</sup> Research Symposium. Our topic, *"Research in Aging, Continuing Care and Beyond,"* explores some of the exciting new initiatives and ground-breaking research projects that are expanding our knowledge of elder care. We hope you enjoy your day with us and gain a new appreciation of the work being done to help seniors live life to the fullest.

8:00 - 9:00 **Registration & Exhibits**

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9:00 - 9:05 **Welcome & Introductions**

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9:05 - 9:35 Keynote address:

**Advances in Brain Imaging in Alzheimer's Disease**

There are no tests to provide early and accurate diagnosis of Alzheimer's disease (AD) during life. A number of brain scanning tests (MRI or PET) have been used to aid in AD diagnosis by providing information about AD-related brain anatomical abnormalities or reduced glucose metabolic activity. However, such changes, when detected, are not specific for AD. At present, definitive AD diagnosis requires a brain autopsy. A characteristic feature of AD is the accumulation of  $\beta$ -amyloid (A $\beta$ ) plaques in the brain but imaging agents that detect A $\beta$  plaques provide an unacceptable level of false positives for AD diagnosis. This is because many older adults who do not have memory problems have a significant number of A $\beta$  plaques in the brain.

We have developed chemical compounds that specifically bind to plaques in AD brain tissues and not to plaques in brain tissues from individuals who were cognitively normal. We have shown that an enzyme, butyrylcholinesterase (BChE), associates mainly with A $\beta$  deposits in the brains of people with AD and should distinguish AD plaque deposits from those in the brains of cognitively normal individuals, through non-invasive brain scanning. Utilizing pre-clinical diagnostic scanning, our group has shown that some of our chemical compounds are only retained in the brains of an AD mouse model but not normal mouse brains. To our knowledge this level of specificity provides the foundation for the development of a non-invasive AD diagnostic test during life and would meet a critical medical need. It is anticipated that BChE imaging agents will permit early detection of AD pathology in the living human brain and will aid accurate diagnosis of this condition during life and permit discovery of more effective curative approaches for AD.

**Dr. Sultan Darvesh**, MD, PhD ,  
FRCP (C), Professor of Medicine  
(Neurology/Geriatrics Medicine) and  
Medical Neuroscience  
DMRF Irene MacDonald Sobey Chair  
in Curative Approaches to Alzheimer's  
Disease  
The Maritime Brain Tissue Bank  
(Director)  
Assistant Dean, Research-Clinical  
Departments, Dalhousie University

9:35 - 10:15

Plenary Panel:

## **Research that Makes a Difference: Researcher and User Perspectives**

This panel will present the perspectives of the various stakeholders involved in, and impacted by research; from those who do (researchers), those who decide (policy-makers and influencers), those who practice (clinicians) to those whose lives are influenced by the outcomes (clients & families). Panelists will share their experiences throughout the research process and how these stakeholders can be better engaged. They will also offer key insights for registrants to consider throughout the day.

**Susan Kirkland**, PhD

Professor and Associate Head,  
Department of Community Health  
and Epidemiology, Dalhousie  
University  
Co-Principal Investigator, Canadian  
Longitudinal Study on Aging  
Member, Northwood Board of  
Governors

**Susan Stevens**

Senior Director, Continuing Care  
Nova Scotia Health Authority

**Cathy Misener**, NP

Nurse Practitioner, Northwood

**Heather Fifield**

Family Caregiver

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## **10:15 - 10:45 Nutrition Break and Exhibits**

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10:45 - 11:25

Concurrent Session 1:

## **Assessing Frailty in Long Term Care Facilities**

Assessing levels of frailty in long term care facilities, where most residents are already frail, may permit grading of risk and identification of residents who are most vulnerable to adverse events such as mortality, hospitalization, and poor quality of life. This presentation will review the findings from a study conducted in six Australian long term care facilities which examined how frailty can be assessed in this setting and whether higher levels of frailty are associated with various health outcomes.

**Olga Theou**, PhD

Geriatric Medicine, Assistant Professor,  
Dalhousie University

10:45 - 11:25

Concurrent Session 2:

## **Up, Down and Around: Working Towards a Bully-Free Workplace Program**

The title is taken from a popular children's book and is used to illustrate an understanding of workplace bullying and the impact on physical and mental health: as well as the organizational, leadership and personal complexities in dealing with bullying in the workplace. It offers solutions focused best practices.

**Susan Coldwell,**

Coordinator of the Nova Scotia Government and General Employees Union (NSGEU)

11:30 - 12:15

Concurrent Session 3:

## **Development and Implementation of Evidence-Based De-Prescribing Guidelines for People with Dementia**

People with dementia (PWD) often take multiple medications to treat the symptoms of dementia and their other co-morbidities. Approximately 50% of PWD take 5 or more regular medications, so called polypharmacy, which is associated with increased adverse drug reactions, hospitalizations and mortality. Ensuring optimal medication use in PWD involves consideration of medical, functional and social issues and goals of care. It involves both prescribing medications that will help achieve these goals and deprescribing medications for which risk may outweigh benefit. Unfortunately, half of older adults with dementia are taking at least one medication where the potential harms outweigh the potential benefits, and therefore this medication(s) should be considered for deprescribing. There are currently no deprescribing guidelines for PWD, which GPs report as a significant barrier to optimising medication use in this population. The aim of this project is to develop medication class specific, evidence-based deprescribing guidelines for people with dementia and implement them in Australia.

**Dr. Emily Reeve,** PhD

NHMRC-ARC Dementia Research Development Fellow, Geriatric Medicine Research Department, Dalhousie

Concurrent Session 4:

## **LGBTQ Cultural Competance**

LGBTQ populations face many unique barriers in accessing healthcare. LGBTQ-identifying patients often report receiving substandard care from providers, and have more negative health outcomes in comparison to the heterosexual population, including increased rates of perceived stigma, higher rates of addiction and minority stress. At the centre of optimal health care is the patient-provider relationship. Cultural competency is crucial in developing a trusting therapeutic patient-provider relationship with marginalized individuals, including LGBTQ patients. Research suggests that many providers do not feel comfortable or knowledgeable enough to address the unique needs of LGBTQ individuals in situations such as taking sexual histories, where differing sexual practices may impact STI risk and are of clinical importance. In addition, some providers argue that gender identity and sexual orientation do not matter in the health context. This gap has been observed across the spectrum of health services including primary care, tertiary care, home care, and emergency medicine.

**Jacqueline Gahagan,** PhD

Professor, Health Promotion Director, Gender & Health Promotion Studies Unit (GAHPS Unit) Senior Research Scholar, Atlantic Health Promotion Research Centre (AHPRC), Dalhousie University

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## 12:15 - 1:15 **Lunch and Exhibits**

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1:15 - 1:55

Concurrent Session 5:

### **Sex/Gender Differences in Polypharmacy in Persons with Dementia**

**Shanna Trenaman**, BScPharm,  
MAHSR

**Background/Objectives:** The purpose of this scoping review was to investigate the role of sex or gender on polypharmacy in persons with dementia.

**Data Sources:** Included the search engines Medline, Embase, Web of Science, CINAHL and Proquest.

**Study Eligibility Criteria:** Original articles that commented on polypharmacy in populations with dementia and separated medication specific information based on male and female groups.

**Participants:** Searches identified in a search that included sex, cognitive impairment and polypharmacy.

**Interventions:** Identified articles were predominantly cohort studies and case control trials that commented on sex related differences as an aside of the primary objective.

**Study appraisal and Synthesis methods:** This is a scoping review.

**Results:** 12 studies were identified. These studies showed that community dwelling women received more inappropriate medications and more psychotropic medications and nursing home dwelling men received more inappropriate medications, cholinesterase inhibitors and antipsychotics.

**Limitations:** This review did not include studies of single medications in subjects with dementia and these may have contained some information regarding sex or gender differences.

**Conclusions:** In closing there are a number of findings in this scoping review that can help characterize sex or gender differences in polypharmacy in men and women with dementia.

**Implications of key findings:** Differences in medication use between older men and women with dementia exist but they are poorly understood.

Concurrent Session 6:

### **End of Life Care in Nursing Homes and by Home Care: What issues emerge from some Nova Scotia Research?**

**Dr. Grace Johnston**, PhD  
Professor Emeritus, School of  
Health Administration, Dalhousie  
Consultant Senior Epidemiologist, in  
NSHA Cancer Program of Care

Since most nursing home residents die in the nursing home, and since many people approaching end of life use home care, ensuring that there is an optimal palliative approach to care is vitally important. We will share research findings from a few Nova Scotia studies to enable discussion on steps needed to ensure quality of care and quality of life as end of life approaches for nursing home residents and home care recipients.

2:00 - 2:40

Concurrent Session 7:

## **Implementing the Working CARERS Program in Rural Nova Scotia: Lessons Learned**

Two rural sites in Nova Scotia were part of a demonstration study aimed at examining the practicality and feasibility of implementing the Reitman Centre Working CARERS Program - a small group, therapeutic skills-building intervention designed for employees who support a family/friend living with dementia ([www.mountsinai.on.ca/care/psych/patient-programs/geriatric-psychiatry/dementia-support/](http://www.mountsinai.on.ca/care/psych/patient-programs/geriatric-psychiatry/dementia-support/)). Over a two year period, four professionals from Nova Scotia participated in training to deliver the Program and the study involved interviews with caregivers and focus groups with caregivers and community stakeholders to understand implementation factors. An overview of the study and lessons learned from the NS experience will be shared to inform a discussion of how to make the Program more widely available to caregivers in rural communities. This project is part of the Canadian Consortium on Neurodegeneration in Aging, Team 18 being led by Dr. Joel Sadavoy, Mount Sinai Hospital. The Nova Scotia Centre on Aging implemented the project activities in Nova Scotia from 2014 to 2016.

**Pamela Fancey, MA**

Associate Director, Nova Scotia  
Centre on Aging, Mount Saint Vincent  
University

Concurrent Session 8:

## **What does Frailty have to do with Dementia?**

By 2031, 1.4 million Canadians are projected to suffer from cognitive impairment, many due to Alzheimer's disease. Drug therapies have not yet been promising in the prevention of Alzheimer's disease, and the mechanisms of its development remain unclear. Age remains the number one risk factor for dementia and many older adults are physically frail, meaning they have many interacting health problems. My research investigates how frailty may influence the development and progression of neurodegenerative disease, such as Alzheimer's, in order to find effective strategies for prevention and treatment of this devastating disease.

**Lindsay Wallace, MSc, PhD(c)**

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**2:40 - 2:55**

**Stretch Break and Exhibits**

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2:55 - 3:35

Afternoon Plenary:

**Religiosity, Spirituality, Aging and Health in Global Perspectives.**

This talk will be a broad-based discussion based on the project entitled, "Linking spirituality and religiosity to life and health expectancy: A global comparative study," funded by the John Templeton Foundation. Global aging coupled with increased longevity commands that we explore elements that contribute to healthier in addition to longer lives. External factors such as diagnosis and treatment are important, but growing evidence points to the prominence of internal determinants. Research mostly concentrated in the U.S. suggests religiosity is one of those determinants. The association between religion and healthy aging is particularly important since around the world older persons are more likely than others to be involved in religious activity. It is possible then that religiosity may have ever increasing impacts on global population health. Recognizing this, the project uses a large set of well-regarded secondary data sources to estimate the contribution of religion and spirituality to total and healthy life expectancy. It also involves comparative analyses between religious indicators and health outcomes across a wide range of countries, regions and ways of expressing religious conviction. Preliminary findings from several specific analyses underway will be presented. The talk will end with a discussion about the direction that this project will take.

**Zachary Zimmer, PhD**

Professor, Family Studies and Gerontology

Canada Research Chair and Director, Global Aging and Community Initiative  
Mount Saint Vincent University

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**3:35 - 3:45**

**Closing Remarks & Door Prizes**

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## Keynote Speaker:



### **Dr. Sultan Darvesh**

Dr. Sultan Darvesh obtained his PhD in organic chemistry followed by a postdoctoral fellowship in molecular biology at University of New Brunswick, MD and residency in Neurology (FRCPC) at Dalhousie University and a fellowship in Behavioural Neurology at Baycrest Centre for Geriatric Care, University of Toronto. Dr. Darvesh is a Professor of Medicine (Neurology and Geriatric Medicine) at Dalhousie University and is founder and Director of the Behavioural Neurology Program in the Department of Medicine. His interest is in assessment and management of patients with cognitive impairment. He is cross-appointed in the Department of Medical Neuroscience, Dalhousie University; Research Associate, Department of Chemistry, University of New Brunswick and Adjunct Professor in the Department of Chemistry and Physics, Mount Saint Vincent University. His basic research involves development of innovative strategies for diagnosis and treatment of neurodegenerative disorders. He is co-founder and the Director of the Maritime Brain Tissue Bank and is a scientific co-founder of Treventis Corporation, a biotechnology company focused on diagnosis and treatment of dementias. He was recently installed as the Sobey Chair in Alzheimer Research at Dalhousie University.

## Presenters:

### **Susan Coldwell**

Susan Coldwell, Coordinator of the Nova Scotia Government and General Employees Union (NSGEU), Working Toward Bully-Free Workplaces Program, has approximately twenty-five years of experience conducting needs assessments, developing psycho-educational programs and program evaluation. She has supervised graduate students; and has a Certificate in Curriculum Development from Dalhousie University with Blue Print for Design in Curriculum Development. Susan has an extensive counselling background in clinical pastoral education and supportive dynamic therapy; and holds a Master's Degree in Theology.

### **Heather Fifield**

Heather Fifield is a family caregiver. Through her personal journey supporting someone living with dementia she has gained an appreciation of the importance of research to enhancing quality of life in nursing homes. She is a member of VOICES, an Advisory Group for the Translating Research in Elder Care Research Program based at the University of Alberta, and is the Family Representative Lead and Chair of the Advisory Group for the CIHR funded Seniors-Adding Life to Years Project based at Mount Saint Vincent University. She also was a member of the Advisory Committee for the development of the Nova Scotia Dementia Strategy.

### **Pamela Fancey**

Pamela Fancey is the Associate Director of the Nova Scotia Centre on Aging at Mount Saint Vincent University which has a mission to advance knowledge on aging to inform social policy and practice. Her role at the Centre involves project development and management, fostering relations with stakeholders, event planning, giving presentations to decision makers, practitioners and the community, and representing the Centre on a variety of committees and boards. She has authored/co-authored articles and reports on topics including family/friend caregivers, abuse of older adults, resident quality of life and home support workers.

### **Jacqueline Gahagan, PhD**

Jacqueline Gahagan, PhD in Medical Sociology is a Professor of Health Promotion at Dalhousie University and Director of the Gender and Health Promotion Studies (GAHPS) research unit. She holds cross appointments in Community Health and Epidemiology, International Development Studies, Gender Studies, Occupational Therapy, and Nursing. Jacqueline is also affiliated with the Beatrice Hunter Cancer Research Institute, the European Union Centre for Excellence, the Health Law Institute at Dalhousie University, and the Atlantic Health Promotion Research Centre. She is a member of several health-focused boards, advisory groups, professional associations, and non-profit organizations. Dr. Gahagan was recently honoured with the Queen Elizabeth II Diamond Jubilee Medal for her work in HIV/AIDS advocacy and research. Her current research focuses on health disparities related to gender

and sexually minoritized populations. Her funded research includes an exploration of the breast and gynecological cancer experiences of LBQ women and transgender people, a study on bullying of LGBTQ youth, understanding HIV/Hep prevention for youth, and rapid point of care HIV testing.

## **Grace Johnston, PhD**

Dr. Grace Johnston is a Professor Emeritus in the School of Health Administration at Dalhousie University, and a Consultant Senior Epidemiologist in the Surveillance and Epidemiology Unit of the NSHA Cancer Program of Care (previously Cancer Care Nova Scotia). She also has a cross-appointment in the Department of Community Health and Epidemiology in the Faculty of Medicine. For more than 20 years, she has carried out palliative and end-of-life-care research primarily by linking administrative health records in Nova Scotia. Along with Dr. Fred Burge, a Dalhousie Family Physician researcher, she developed and has led the Network for End of Life Studies (NELS). In 2015, Dr. Johnston was named the Senior Research Scientist of the year for the Faculty of Health Professions at Dalhousie University. She has more than a 100 publications and has presented her research nationally and internationally.

## **Susan Kirkland, PhD**

Dr. Susan Kirkland is a Professor in the Departments of Community Health and Epidemiology and Medicine at Dalhousie University. She is trained as an epidemiologist, with expertise in aging, chronic disease epidemiology, health services utilization, and women's health. She is particularly interested in the interplay between physical, genetic, social, and health system determinants of health as they influence healthy aging. Dr. Kirkland is one of three principal investigators leading the Canadian Longitudinal Study on Aging, a 20-year study of 50,000 Canadians funded by the Canadian Institutes of Health Research (CIHR) and the Canada Foundation for Innovation (CFI). In addition, she is an investigator on numerous population based epidemiologic studies including the Canadian Multicentre Osteoporosis Study (CaMos), and other large-scale initiatives on aging, including the AGE-WELL National Centre of Excellence. She also leads studies in physical activity and obesity, HIV and aging, frailty, and technologies to support aging in place. Dr. Kirkland has been on the Board of Governors at Northwood since 2008.

## **Cathy Misener, NP**

Cathy has been a registered nurse for 38 years having graduated from the VG School of Nursing in 1979. She graduated with a Bachelor of Science from the University of King's College in 1984 and as well as a Bachelor of Nursing from Dalhousie in 1988. She is a nurse practitioner who

graduated from Dalhousie University in 2007 with a diploma in Nurse Practitioner Studies for Remote and Under-Served Communities from Dalhousie University. She has a Masters of Nursing from Dalhousie having graduated in 2015. She has also obtained a Gerontology certificate from the Canadian Nurses Association (CNA).

She has practiced at both the Edward L. Roach Centre and Ivany Place for over ten years.

## **Emily Reeve, PhD**

Dr. Emily Reeve is an NHMRC-ARC Dementia Research Development Fellow with the Geriatric Medicine Research Department at Dalhousie University and the University of Sydney. Her research focuses on optimising medication use in older adults and people with dementia, with a focus on translating evidence on deprescribing into practice. She completed her doctoral training at the University of South Australia in 2013 and was awarded the medal for her thesis from the School of Pharmacy and Medical Sciences. Following her PhD she worked as a postdoctoral research associate with the NHMRC Cognitive Decline Partnership Centre and was a visiting researcher at the Brocher Foundation in Geneva, Switzerland. The work presented today was undertaken in collaboration with Dr. Barbara Farrell of the Bruyère Research Institute and her co-supervisors, Dr. Kenneth Rockwood of Dalhousie University and Dr. Sarah Hilmer of the University of Sydney, NSW, Australia.

## **Susan Stevens**

Susan is known for her ability to deliver innovative solutions in the complex and ever changing health and social service landscape. She is an effective communicator noted for being able to inspire and engage audiences. Susan has 27 years experience in health and social services with over 19 years in government. In April 2015, she became the Senior Director of Continuing Care for the new Nova Scotia Health Authority responsible for over 450 staff and the delivery of home care and long term care services exceeding \$820M annually. She is an adjunct professor in the Department of Family Studies and Gerontology at Mount Saint Vincent University, having taught part-time at MSVU since 1999. Susan holds a Bachelor of Social Work and a Master of Education from Dalhousie University and is a licensed social worker.

## **Olga Theou, PhD**

Olga Theou is an Assistant Professor of Medicine at Dalhousie University as well as an Affiliated Scientist of Geriatric Medicine with the Nova Scotia Health Authority and an

# Speaker bios, continued

Adjunct Senior Lecturer of Medicine with the University of Adelaide in Australia. She obtained her BSc in Physical Education and Sports Sciences at Aristotle University in Greece, MSc in Gerokinesiology from the California State University in Fullerton, and PhD in Health and Rehabilitation Sciences with specialization in Health and Aging from Western University. She worked as a postdoctoral fellow at the University of British Columbia Okanagan at the Department of Human Kinetics and at Dalhousie University at the Division of Geriatric Medicine during which she was awarded with a Banting Fellowship. Her research broadly examines aging, frailty, and physical activity.

## **Shanna Trenaman, BScPharm, MAHSR**

Shanna Trenaman is a graduate of Dalhousie University's College of Pharmacy and Hospital Pharmacy Residency Program. Shanna has focused her practice as a Hospital Pharmacist in Geriatric Medicine. Shanna's research interests focus on appropriate drug use and sex or gender differences in drug use for older adults. She has a Master's degree in Applied Health Services Research and is at present an Interdisciplinary PhD student at Dalhousie University under the supervision of Dr. Melissa Andrew.

## **Lindsay Wallace, MSc, PhD(c)**

Lindsay began working with the Geriatric Medicine Research Unit as a summer student during her undergraduate degree at Dalhousie and eventually took a position as a research assistant there to continue her projects before going to study at McGill where she was awarded a Master's degree from the Integrated Program in Neuroscience in 2015. Lindsay is currently a PhD student in the Interdisciplinary studies program at Dalhousie University under the supervision of Dr. Melissa Andrew and Dr. Ken Rockwood, investigating the relationship between frailty and Alzheimer's disease. She is an Honourary Nova Scotia Research and Innovation Graduate Scholar, an Honourary Nova Scotia Health Research Foundation Scotia Scholar, and holds a biomedical doctoral fellowship funded jointly by the Canadian Consortium on Neurodegeneration in Aging and the Alzheimer's Society of Canada. She is also the 2016 recipient of the Alzheimer Society of Nova Scotia Phyllis Horton Bursary.

## **Zachary Zimmer, PhD**

Dr. Zachary Zimmer is a Professor of Family Studies and Gerontology, a Tier 1 Canada Research Chair, and Director of the Global Aging and Community Initiative at Mount Saint Vincent University in Canada. Zimmer received a PhD in Sociology with a concentration on Social Demography in 1998 from the University of Michigan. Since that time he has held

positions at the University of Nevada-Las Vegas, The Population Council in New York, The University of Utah and the University of California at San Francisco. Over the course of his career he has taught courses in demography, aging, health policy, research methods and statistics. Dr. Zimmer's research focuses on global issues related to the health and general well-being of older persons, studied from a demographic perspective. Much of his work has taken place in East and Southeast Asia where population aging and socioeconomic change has been swift and where older adults face many obstacles related to the changing nature of their social environment. He has also examined aging issues in sub-Saharan Africa, Eastern Europe and the United States. His work has been published in top journals across a number of disciplines, such as gerontology, sociology, demography, medicine and epidemiology.

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- SILVER:** Alzheimer Society of Nova Scotia  
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# 2017 NORTHWOOD RESEARCH SYMPOSIUM

Friday, June 16, 2017  
Best Western Burnside, Dartmouth

## Registration Information

To register, please fill out the form below and mail/fax/email it along with payment to the Northwood Foundation:

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Manager's signature of approval: \_\_\_\_\_

*(for Northwood applicants only)*

## Mandatory Concurrent Session Selection

### 10:45 - 11:25 a.m.

Session 1  **or** Session 2

### 11:30 a.m. - 12:15 p.m.

Session 3  **or** Session 4

### 1:15 - 1:55 p.m.

Session 5  **or** Session 6

### 2:00 - 2:40 p.m.

Session 7  **or** Session 8

Due to space limitations, concurrent sessions have a maximum registrant capacity. Once that capacity has been reached, later registrants will automatically be assigned to the alternate session.

## Please check one of the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Single registration - \$60 | <input type="checkbox"/> Sponsor/Exhibitor/Presenter/Planning Committee Member - No Charge |
| <input type="checkbox"/> Senior (65+) - \$25        | <input type="checkbox"/> Northwood Staff - No charge                                       |
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Participant substitution is permitted but no refunds will be given. Payment will not be accepted on the day of the event. If you have special needs (dietary or otherwise) please contact Heather at 902-454-3069 to make arrangements.

## Payment information

Payment can be made by Visa, MasterCard or cheque.

Cheques can be made payable to the Northwood Foundation: Cheque Enclosed:

Credit cards may also be taken over the phone.

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