



TRAINING **October 3, 2015** (Sat.) - Sponsored by OHIO's DDNA CHAPTERS

Location: 4000 Gantz Road, Suite F Grove City, Ohio 43123
(ViaQuest Day Services)

CURRENT TOPICS IN INTELLECTUAL & DEVELOPMENTAL DISABILITIES

Speakers/Topics:

Nanette Wrobel, RpH. Medications Regarding High Risk Choking.

Kathy Maxwell, MSN, CNS, Epilepsy

Dr. Carl Tyler, MD of the Cleveland Clinic, Medical Conditions in Autism and Comorbidities

Janet Keeler, PhD, Supporting Individuals through the Criminal Justice System

REGISTRATION: (Deadline is 9-23-15)

1. All participants MUST Pre-Register by Email to:

AllOhioDDNA@Outlook.com with name and email address.

2. Send CHECK or MONEY ORDER (*made payable to NEO DDNA*):

ViaQuest 525 Metro Place North, Suite 480 Dublin, Ohio 43017

Attn: Melissa Shanmugam

(Sorry, we cannot accept credit cards, PO's, or cash) Registration is Non-refundable after 9-23-15.

COST: \$50
SCHEDULE: 8:15am-8:45am-Registration
8:45am-4:00pm-Training
Lunch Included with Registration

**FREE DVD FOR FIRST 40
REGISTRANTS!!!**

**"Optimizing the Primary
Care of Individuals with
IDD: Everyone is
Important!"**

FIRST COME, FIRST SERVE!

This offering has pending approval by the Ohio Board of Nursing Approver Unit at the Ohio Department of Developmental Disabilities (OBN-010-93). For additional information contact: Deb Maloy at AllOhioDDNA@Outlook.com



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MAIL THIS REGISTRATION FORM:

NAME: _____ EMAIL: _____

ADDRESS: _____ I PHONE # _____

AGENCY: _____

CEU'S: RN _____ LPN _____ DODD _____

DIETARY CONSIDERATIONS:

Vegetarian _____ Vegan _____ Allergies _____

THIS FORM WITH CHECK or MONEY ORDER (\$50) MUST BE MAILED AND RECEIVED BY COMMITTEE BY DEADLINE OF 9-23-15

My Registration Checklist:

1. E-mailed registration to AllOhioDDNA@Outlook.com _____
2. Copied and completed registration form _____
3. Mailed Registration with check or money order by deadline _____ (no cash, PO or CC)

Made payable to NEO DDNA

ViaQuest 525 Metro Place North, Suite 480 Dublin, Ohio 43017 Attn: Melissa Shanmugam

4. Confirmation of REGISTRATION and PAYMENT received by email _____

SEND QUESTIONS TO: ALLOHIODDNA@OUTLOOK.COM