



WISCONSIN
INDIANHEAD
TECHNICAL
COLLEGE

CONTINUING EDUCATION



WITC AND ST. CROIX AREA DEMENTIA FRIENDLY COMMUNITY COALITION PRESENT: **MINISTRY WITH DEMENTIA**

Seasons of Caring: Spirituality and Dementia

Class #25478

Calling all clergy and faith leaders: Explore the impact and challenges of Alzheimer's and other forms of Dementia on your faith community and practical ways that you and your congregation can be supportive.

Topics covered:

- Dementia care: A new vocation
- More than our memories
- Creating moments of joy
- Created in God's image: Identity in community
- Responding in love
- Burden bearing our gift

Event Speakers:

Nancy Abrahamson, Dementia Care Specialist,
Aging & Disability Resource Center of St. Croix Cty

Rev. Dr. Dawn Jeffers Ramstad, Pastor, *Hudson United Methodist Church*

Rev. Tom Johnson, Chaplain, *Christian Community Home and Services*

➔ **Light breakfast and lunch included.
CEUs available.**

DATE:

Thursday, February 7

TIME:

9 a.m. - 4 p.m.

PLACE:

WITC-New Richmond

COST:

\$45
\$24.87(62+)

REGISTER

ONLINE
courses.witc.edu

IN PERSON
Visit Student Services
@ WITC-New Richmond

PHONE
VISA, MC, Discover

MAIL
Send registration & payment
to WITC-New Richmond

www.witc.edu/continuing-education-and-training

WITC-New Richmond | 1019 S. Knowles Ave., New Richmond, WI
715.46.6561 ext. 4221

WITC is an Equal Opportunity/Access/Affirmative Action/Veterans/Disability Employer and Educator.



REGISTRATION FORM

for Professional Development Seminars/Conferences

WITC is an equal opportunity employer/educator.

Last Name _____ First Name _____ M.I. _____ Former Last Name (if applicable) _____ Date of Birth _____

 Employer _____ Age 62+?

WITC Student ID No. _____ Social Security No. _____ *I've taken classes at WITC in the past.*

Email address (required for WITC alerts and important communication) _____ Home phone _____ Cell phone _____

Home address _____ City _____ State _____ ZIP _____

Resident of (check one): Township Village City County _____ School District where you live _____ Last high school attended _____
 Highest grade COMPLETED (K-12): _____

The information below is required for state and federal reporting purposes, and will be kept confidential.

Gender: Male Female **Ethnicity:** Hispanic/Latino origin? Yes No
Race (check all that apply): American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White
Highest Credential Earned
 01 = No Credential 05 = Some college credit 08 = 2yr Diploma 11 = Baccalaureate
 02 = GED 06 = Short-term diploma or certificate 09 = Associate Degree 12 = More than Baccalaureate
 03 = HSED 07 = 1yr Diploma 10 = Associate Degree 99 = Student Declined/Unknown
 04 = High School Diploma Plus Additional Credential

OFFICE USE ONLY

Term: _____
 38.14 Contract # _____
 Employer # _____
 Course Fees \$ _____
 Senior Fee \$ _____
 Other _____
 Received By/Ext. _____
 Date/Time _____

It is your responsibility to contact WITC to officially drop a class. If you decide to drop, you should do so immediately as a single day can affect your refund amount. A full refund will be given if you notify WITC prior to the first scheduled class meeting.

CLASS NO.	CATALOG NO.	CLASS TITLE	LOCATION	START DATE	CLASS FEE
25478	47-520-405	Ministry with Dementia	WITC-New Richmond	2-7-2019	\$45/\$24.87(62+)
Once registered for a course(s), you have created a liability with WITC and a promise to pay.					TOTAL

PAYMENT METHOD: Check or money order payable to WITC Cash MasterCard Visa Discover Agency Bill/Sponsored Registration - complete information below; attach required authorization
 Exp. Date _____ Security Code _____

 Credit Card No. _____ Name on Card _____ Cardholder Signature _____

Sponsored Registration:
If an agency or employer has agreed to pay your tuition, complete the section below and attach written authorization.

Name of Business/Agency _____
 I authorize WITC to forward information regarding the completion of this course to the sponsor listed above. _____
 Student Signature