

2019 Parkinson's Disease Community Seminar

An Educational Program for the Community

Agenda

- 9:00 AM Registration**
9:30 AM Opening Remarks
Art Guyer, Co-facilitator, Hagerstown PD Support Group
- 9:45 AM Introduction to Parkinson's Disease**
Dr. Laura Brosbe, DO, Frederick, MD
- 10:45 AM Break**
- 11:00 AM Parkinson's Disease Treatment Overview**
Dr. Liana S. Rosenthal, MD, Johns Hopkins
- 12:00 AM Lunch and Door Prize Drawings; Vendor Tour**
- 1:00 PM Parkinson's Community Support**
Steve Silvius, Friends in Frederick PD Support Group
- 1:15 PM Non-Motor Symptoms of Parkinson's Disease**
Dr. Kelly Mills, MD, Johns Hopkins
- 2:15 PM Break**
- 2:30 PM Exercise and Physical Therapy for Parkinson's Disease**
Dr. Stephen Ryan, PT, DPT, Ryan Physical Therapy
- 3:15 PM Your Parkinson's Disease Management Plan**
Arita McCoy, MS.N., C.R.N.P., Johns Hopkins
- 4:00 PM Concluding Remarks**
Dean Cook, Co-Facilitator, Hagerstown PD Support Group

Friday, April 12, 2019

9 AM to 4 PM

Otterbein United Methodist Church
108 E. Franklin Street
Hagerstown, MD 21740
301-739-9386

Presented by the:

**Four State Alliance
for Parkinson's Support
And the
Otterbein United Methodist Church**

4SAPS Group Members are from:

- Hagerstown, MD
- Frederick, MD (Two Groups)
- Cumberland, MD
- Mechanicsburg, PA
- Gettysburg, PA
- New Oxford, PA
- Chambersburg, PA
- Winchester, VA

For information call 240-625-2722

Register by mailing this form to Art Guyer, 22215 Troy Ln, Hagerstown, MD 21742; calling 240-625-2722; or emailing information to 4Parkinsons@gmail.com. Registration fee includes lunch. Checks should be made payable to Hagerstown Parkinson's Support Group. **Space is limited so we recommend you register as early as possible. It will be first-come, first-serve.**

_____ **Early Bird Registration before March 30, 2019,**
\$10 per individual.

_____ **Registration on or after March 30, 2019,**
\$15 per individual if space permits.

PLEASE PRINT CLEARLY SO WE CAN GET YOUR NAME BADGES AND EMAIL ADDRESS CORRECT. THANKS.

Name(s): _____

Address: _____

Phone: _____ Email: _____

How many of these individuals require the use of wheelchairs? _____

Amount Enclosed: \$ _____ Check Number: _____