



CAREGIVER REGISTRATION FORM

2023 CAREGIVER SYMPOSIUM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____

E-mail Address: _____

Will Respite Services be needed? YES NO

If yes, please specify what type of non-medical respite will be needed?

Signed: _____ Date: _____

Please return to:

**Orange County Office for the Aging
ATTN: Hidalith Rincon, Caregiver Conference
40 Matthews Street, Suite 305
Goshen, New York 10924**

For more information, please contact:

Hidalith Rincon, Caregiver Coordinator

Phone: 845.615.3733

Fax: 845.360.9266

hrincon@orangecountygov.com

PLEASE RSVP BY 10/17/2023