



“Personalized Music: It Isn’t Just for Recreation Anymore!” Workshop Offering Announcement

Tuesday, February 12, 2019 from 10 a.m.—2 p.m. (Lunch Provided)
Republic Bank Community Room - 9600 Brownsboro Road, Louisville, KY 40241

**Cost is \$60 for the first registrant, \$40 for each additional registrant from the same community
Or \$80 per Attendee (for Non-KSLA Members)**

3.0 Continuing Education Units Have Been Applied For / 3.6 Contact Hours Available

Registration Deadline: Thursday, February 7, 2019

Workshop Summary

Our experience teaches that personalized music benefits everyone regardless of diagnosis. Personalized music promotes the recall of memories that inspire a renewed sense of self for participants, fulfillment of purpose for their caregivers, and deeper connections for family.

Personalized music provides a broad scope of benefits and can be used strategically as a tool to meet goals and achieve specific outcomes. Yet the vast majority of individuals receiving care do not have access to it. Every day professional care staff, community volunteers, students, and family caregivers alike use a personalized music program to enhance the quality of life for individuals they serve and care for.

Personalized music is the best medicine and number one stimulus of the brain benefiting individuals with cognitive, intellectual, mental, and physical challenges. Anecdotal and evidence-based research conducted by hospitals, skilled nursing, assisted living, behavioral health, and universities using solid, researched-based methods have shown a reduction in areas such as medication, anxiety, agitation, falls, physical altercations, feeding tubes, depression and pain, as well as increases in brain stimulation and enhanced nutrition. This research also confirms that providing personalized music for persons with dementia, no matter how advanced, can be transformative. Benefits may include enhanced communication, positive mood, transformed visits with friends and family members, and greater participation in activities and therapy.

Target Audience & Prerequisites

- ◆ Executive Directors, Resident Services Directors, Memory Care Directors, Wellness Directors, Activities Directors
- ◆ There are no prerequisites for this workshop

Learner Outcomes/Objectives

- ◆ Attendees will observe care professionals, as well as at-home family care providers, utilizing this person-centered, transformative modality with their clients and loved ones. They will hear from professionals and identify, in discussion, at least one demonstrated best practice.
- ◆ Attendees will be able to identify at least one significant benefit of the program for chronic as well as acute conditions.
- ◆ Attendees will witness staff, family, sustainable community and student engagement. This fosters team-building, advanced care, social engagement, and life-affirming moments.

Requirements for Successful Completion

- ◆ Active participation in the entire session
- ◆ Completion and return of course evaluation form



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Fee & Refund Policy

- ◆ The fee is \$60 for the first registrant. The fee lowers to \$40 for each additional registrant from the same community (KSLA Members). The fee for non-KSLA members is \$80 per registrant. If desired, KSLA will invoice members.
- ◆ Fees are payable via check or credit card, and paid in advance. Completed registration forms and fees should be submitted to KSLA via e-mail to KSLA@KentuckySeniorLiving.org, by fax to 502.805.0589, or by mail to KSLA, 133 Evergreen Road, Suite 212, Louisville, KY 40243 by Monday, December 10, 2018.
- ◆ To receive a refund, the registrant must notify KSLA in writing (via e-mail or U.S. mail) of his/her inability to attend the workshop no less than five business days prior to the workshop. KSLA will refund the registrant’s entire fee via check within two weeks of this notification.

Your Presenter

- ◆ Deborah Ferris, Regional Director, Southeastern U.S., Music & Memory ®

Teaching Methods

Ms. Ferris will lead the interactive training session in a classroom setting, with tables and chairs. She will speak from the front of the room and will utilize Powerpoint and video during instruction. Ms. Ferris may provide printed handouts to session participants for informational and note-taking purposes. She will lead participatory exercises and facilitate a question and answer session at the end.

The workshop will begin at 10 a.m. There will be a one-hour break from noon - 1 p.m., during which time, lunch will be provided. The workshop will resume at 1 p.m. and conclude at 2 p.m.

Other Notes

- ◆ Registration deadline is Thursday, February 7, 2019.
- ◆ Please advise KSLA of any dietary restrictions on your registration form.
- ◆ Registrants should send their payment information to KSLA on their completed registration form.
- ◆ Return your completed registration form to KSLA via:
 - ◇ E-mail: KSLA@KentuckySeniorLiving.org
 - ◇ Mail: Kentucky Senior Living Association (KSLA) - 133 Evergreen Road, Suite 212 - Louisville, KY 40243
 - ◇ Fax: 502.805.0589
- ◆ Questions? Contact KSLA at 502.938.5102



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Driving Directions to Republic Bank Building @ 9600 Brownsboro Road, Louisville, KY

From I-65 or I-64

Take the Gene Snyder Freeway East Bound (I-265) to Exit 33, KY 22/Brownsboro Road. Take exit to stop light, turn left, go through traffic signal, Republic Bank & Trust Co. is on your left. Turn left and park in their parking lot. Proceed to the lower level of the building to the community meeting rooms.

From I-71

Take the Gene Snyder Freeway West Bound (I-265) to Exit 33, KY 22/Brownsboro Road. Take exit to stop light, turn right, Republic Bank & Trust Co. is on your left. Turn left and park in their parking lot. Proceed to the lower level of the building to the community meeting rooms.



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Workshop Registration & Payment Form

Please send this completed form, including your check or credit card payment information, to

*KSLA, 133 Evergreen Road, Suite 212, Louisville, KY 40243
Or by Fax to 502.805.0523 or by Email to KSLA@KentuckySeniorLiving.org*

Community Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-Mail:** _____

Registrant Name	Title	Dietary Restrictions	Mbr Cost	NonMbr Cost
#1 _____	_____	_____	\$60	\$80
#2 _____	_____	_____	\$40	\$80
#3 _____	_____	_____	\$40	\$80
#4 _____	_____	_____	\$40	\$80
#5 _____	_____	_____	\$40	\$80

Payment Option: ☐ Invoice ☐ Check ☐ Visa ☐ Master Card ☐ AmX ☐ Discover **Total Due:** _____

Credit Card Number: _____

Expiration Date: _____ **3 Digit Code on Back of Card:** _____

Name on Card: _____

Credit Card Billing Address (if different from above): _____

City: _____ **State:** _____ **Zip:** _____