

Fall 2017 ~ Classes at a Glance

SEPTEMBER

Chair Yoga: Take Care of Yourself

McHarrie Towne Centre, 2464 Betsy Dr., Baldwinsville

Hospice & Palliative Care

The Hearth at Greenpoint, 150 Old Liverpool Rd., Liverpool

Navigating Life After Caregiving

Hospice of CNY, Education Room,
990 Seventh North Street, Liverpool 13088

DATES

9/14

9/19

9/27

TIMES

4:30-6:00PM
CODE: YOGA

5:30 - 7:00PM
CODE: HOSP

5:30-7:00PM
CODE: NAVI

OCTOBER

Brain Fitness: Fact or Fiction - 2 Part Class

Manlius Library 1 Arkie Albanese Avenue, Manlius

Medicare: Overview/2018 Changes

Cicero Public Library, Comm. Rm., 8686 Knowledge Lane, Cicero

Older Adult Medicine Safety

Upstate Oasis, Studio, 6333 St. Rte. 298, E. Syracuse

Legal & Financial Issues in Healthcare Planning - 2 Part Class

United Church of Christ, Bayberry, Fellowship Hall
215 Blackberry Rd. Liverpool, NY

Caregiving Like a Man

Natur-Tyme, 3160 Erie Blvd. East, Syracuse

10/3 & 10/10

10/11

10/17

10/26 & 11/2

10/30

5:30-7:00PM
CODE: BRAIN

5:30 - 7:00PM
CODE: MEDI

5:30-7:00PM
CODE: SAFE

5:30-7:00PM
CODE: LEGA

5:30-7:00PM
CODE:MAN

NOVEMBER

Effective Communication Strategies

Christ Community Church, 3644 Warners, Rd., Syracuse

How We Change As We Age

The Nottingham, Comm., Rm., 1301 Nottingham Rd., Jamesville

11/9

11/16

5:30-7:00PM
CODE: COMM

6:30-8:00PM
CODE: AGE

Four Ways to Register

- **E-mail** cstevenson@ongov.net with "I Care" in the subject line
 - **Phone** 315-435-2362 x4993 or 4994 - Include information requested on the form below.
 - **Fax** your registration form to 315-435-3129
 - **Download** your registration form from www.ongov.net/aging/icare
 - **Mail** the completed registration form to: Onondaga County Office for Aging
- I Care Registration** John H. Mulroy Civic Center, 10th Fl, 421 Montgomery St., Syr., NY 13202

Voluntary contributions to the Office for Aging are accepted and used to expand services. No one will be denied services if unable or unwilling to contribute. A contribution in any amount is welcomed. Please make checks payable to Chief Fiscal Officer.

I Care Course Registration (Please Register Early - Space is Limited)

Name _____

Home Phone _____ Work Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ Today's Date _____

Please indicate the class, or classes, CODE for which you would like to register