

ADULT DAY SERVICES SYMPOSIUM

September 13, 2025

Intergenerational Center for Arts and Wellness (Generations Center)
114 W 30th Street, Winston-Salem NC



AGENDA		
9:30am	Registration and Continental Breakfast	
10:00-10:50am	Welcome, NCADSA President Anita Brock-Carter Opening Session: "Moments that Matter: Engage, Create, Move and Connect"	
11:00-11:50am	Breakout Sessions	Target Audience
	GUIDE: Medicare Demonstration Program, Dr. Mia Yang	Directors, Health Care Coordinators
	Behavior is Communication: Dementia-Informed Approaches in Adult Day Care, Carla Payne, Aging Care Matters	Direct Care Workers
12:00-12:50pm	Lunch on site	
1:00-1:50pm	Breakout Sessions	Target Audience
	What Data to Track in Adult Day Services and Why, Michael Boles, Resources for Seniors	Directors
	Health Care Coordinator Roundtable Discussion	Health Care Coordinators
	Taking Care of Yourself While Caring for Others	Direct Care Workers
2:00-2:50pm	General Session: Connecting the Generations Through Collaboration, Sara Romanik, Williams Adult Day Center	
3:00pm (optional)	Tour Intergenerational Center for Arts and Wellness (including Williams Adult Day Center)	

REGISTRATION FEES (Includes continental breakfast and lunch on-site)

NCADSA members pay less! Join now and enjoy the benefits!

- NCADSA members: \$30 per person (Add \$10 after August 31)
- Non-NCADSA members: \$50 per person (Add \$10 after August 31)

REGISTRATION CAN BE TRANSFERRED TO ANOTHER ATTENDEE, BUT REFUNDS WILL NOT BE GIVEN

NCADSA.COM

- Discover new resources
- Learn creative ideas
- Share your experiences
- Forge new relationships
- Renew old acquaintances
- Gain inspiration to pursue success

Save the Date.
Register.
Plan to attend!

Learn more and
Register at
ncadsa.com

SYMPOSIUM REGISTRATION SEPTEMBER 13, 2025

Mail registration form with check or register at ncadsa.com to pay with credit card.

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ATTENDEE #1 _____

PHONE _____ EMAIL _____

TITLE _____

ATTENDEE #2 _____

PHONE _____ EMAIL _____

TITLE _____

ATTENDEE #3 _____

PHONE _____ EMAIL _____

TITLE _____

ATTENDEE #4 _____

PHONE _____ EMAIL _____

TITLE _____

Include information for additional attendees on a separate sheet of paper.

REGISTRATION FEES (Includes continental breakfast and lunch on-site)

Check one:

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Total Registration Fees Enclosed \$ _____

Confirmation will be forwarded upon receipt of registration and payment. Questions? Email ncadsa23@gmail.com.



Make Check Payable to NCADSA

506 Granville Corners #1, Oxford, NC 27565