



the compassion to care, the leadership to conquer

Greater Cincinnati Chapter
644 Linn Street, Suite 1026
Cincinnati, OH 45203
(513) 721-4284 or 1-800-272-3900
www.alz.org/cincinnati

Professional Education Programs

Registration Form (Please print.)

Name: _____

Street Address: _____

City/State/Zip code: _____

Daytime phone: (____) _____ Evening phone: (____) _____

Professional Discipline: ___ RN ___ LPN ___ SW ___ Counselor ___ NHA

___ Activities professional ___ Nursing assistant ___ Other: _____

State where licensed: _____ Active: _____ Inactive: _____

Current position: _____ Employer: _____

Education Program Name: _____

Date/Location: _____

Total cost: \$ _____

Method of payment (Registration is only guaranteed with payment):

[] Check # _____

[] Visa [] Master Card [] Discover [] American Express

Name as it appears on credit card: _____

Credit card number: _____

Expiration date: ____ / ____ Signature: _____

Please send completed registration form with payment to:

Alzheimer's Association of Greater Cincinnati
644 Linn Street, Suite 1026
Cincinnati, OH 45203
Fax: (513) 345-8446