

Dementia Care Training
Registration Form

Name: _____

Organization: _____

Address: _____

City: _____ Zip: _____

Telephone: _____

Email: _____

CEU: Yes No

How long have you worked in Dementia Care: _____

Date, Time and Location of the training you will attend: _____

Program Fee: \$50 per person/Send 5 from one organization, GET ONE FREE

Please mail the completed registration form with accompanying payment payable to:

The Alzheimer's Association
37500 Harvest Drive
Avon, Ohio 44011
Phone: 440-934-7750 Fax: 440-934-7751

Method of Payment:

Check Visa Master Card

Card #: _____

Expiration Date: _____

Card Holders Name _____

Note: Registration deadline is 3 business days prior to the program. Payment must be made in full prior to attending the course. No refunds will be given after the registration deadline.