

 **REGISTRATION FORM**

 **Savvy Professional in Dementia Care – Bethel, Alaska – Kuskokwim Campus – March 15, 2013**

**PLEASE PRINT:**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROFESSION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ENCLOSE PAYMENT OF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How did you hear of the training?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_CHECK FOR $\_\_\_\_\_\_\_\_\_\_\_\_ MADE OUT TO ALZHEIMER’S RESOURCE OF ALASKA

\_\_\_\_\_CHARGE THE AMOUNT OF $\_\_\_\_\_\_\_\_\_\_\_\_\_TO MY \_\_\_\_\_VISA \_\_\_\_\_MASTERCARD

CARD NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXP DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SECURITY CODE\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Please be aware of the following:***

1. ***Place in class is not confirmed until payment is received. Registration fee is $125.00.***
2. ***Refunds can only be provided if cancellation happens the day before the class begins. Otherwise, payment will be used towards credit in another scheduled session.***
3. ***Participants must attend entire training for receive certificate and relevant continuing education documentation.***
4. ***A written confirmation will be sent via email or mail once payment is received.***

By signing, I understand and agree to terms of this class. Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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