

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail: 1750 Abbott Road Anchorage, AK 99507

Phone: 907-561-3313 or 1 800 478-1080

Fax: 907-561-3315