

North Carolina Assisted Living Association TRAINING REGISTRATION FORM

Resident Admissions and Associated Risk Management

presented by Tonya Cloutier, NCALA Board President
and Peggy Smith, NCALA Executive Director
3.5 CEUs

August 23, 2012
9:00 AM–12:30 PM
NCALA Office, Raleigh, NC

Please print legibly. Include an area code with your phone and fax numbers. **One form per person**, please.
Please use this registration form as an invoice. If paying by check, you will be registered when your check is received by NCALA.

Name: _____ Title: _____

AL Community: _____

Address: _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

Payment:

Amount: **\$55** (members) **\$90** (non-members) VISA MC Business Card Personal Card Check

Billing Street: _____

Billing City: _____ Billing State: _____ Billing Zip: _____

Card Number: _____ CSC: _____

Name on Card: _____

Exp. Date: ____/____/____ E-mail Receipt to: _____

NCALA requires payment to register you for this class.

We accept Visa, MasterCard, checks, and cash.

**No refunds. A credit will be applied to future training purchases
if notice of non-attendance is received by NCALA before the class date.**

Questions? Call us at (919) 467-2486

Please mail or fax registration forms to:

North Carolina Assisted Living Association
Park Place Professional Center
3392 Six Forks Road
Raleigh, NC 27609
fax (919) 467-5132