

# North Carolina Assisted Living Association TRAINING REGISTRATION FORM

*Developing Activities That Have Meaning and That Work*

presented by Teepe Snow, MS, OTR/L, FAOTA

6 CEUs

July 28, 2012

9:00 AM – 4:00 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: **\$85** (members) **\$130** (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