

North Carolina Assisted Living Association TRAINING REGISTRATION FORM

Sexuality and Intimacy—It's Time to Talk About It!

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

6 CEUs

November 17, 2012

9:00 AM – 4:00 PM

IFH Training Center, Hickory, 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