

# North Carolina Assisted Living Association TRAINING REGISTRATION FORM

## *Webinar: Medicaid Enrollment and Reimbursement*

presented by NCALA, Poyner Spruill, and DHSR

1 CEUs

December 13, 2018 at 12:00 PM–1:00 PM

Online Webinar

**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: \_\_\_\_\_

Family Care Home: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

### **Payment:**

Amt: **FREE** (members) **\$15** (non-members)     VISA     MC     Business Card     Personal Card     Check

Billing Street: \_\_\_\_\_

Billing City: \_\_\_\_\_ Billing State: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ CSC: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_ E-mail Receipt to: \_\_\_\_\_

Questions? Call us at (919) 467-2486

### **Please mail or fax paper registration forms to:**

North Carolina Assisted Living Association

Park Place Professional Center

3392 Six Forks Road

Raleigh, NC 27609

fax (919) 467-5132