



REGISTRATION FORM

Reigniting the Spirit of Caring
New Facilitators Practicum



Program Dates: February 23-26, 2010

Location: Champaign, IL

Tuition: \$1,500/person (20% discount for teams of three or more)

Attendee Information

() Registration for 1 participant

() Registration for 2 or more participants

Full Name:

Last First Job Title Work Phone Email*Needed for class confirmation

Full Name #2
Full Name #3
Full Name #4
Full Name #5
Full Name #6
Full Name #7
Full Name #8

Facility Name:

Special needs for food:

Facility Address:

Address City State Zip Code

Payment Information

Enclosed Payment: \$ Payable to Creative Health Care Management () Check coming in mail () Send Invoice/Purchase Order #

() MasterCard () Visa () Amex Credit Card # CID Code (see card back): Exp. Date:

Card Holder Address: () Same as above

Address City State Zip Code

Authorized Signature:

Send invoice to/Attn: (US addresses only)

() Same as Above () Different Address: Name and Address

Upon receipt of registration, payment must be received within 2 weeks. Space for the class is limited. To avoid cancellation fees, it is required you notify the Creative Health Care Management office if you are not planning to attend and have turned in a registration form.

Table with 2 columns: Details, Questions Contact, Important Note. Contains registration details, contact information for Amy Monroe, and cancellation policy.

PLEASE RETURN THIS FORM TO: CREATIVE HEALTH CARE MANAGEMENT
5610 Rowland Road, Suite 100, Minneapolis, MN 55343
Or Fax: 952.854.1866