



Dementia Specialist Training: *Best Practices for Direct Care Staff*

Hosted by Agrace HospiceCare
5395 E. Cheryl Parkway – Fitchburg, WI

December 1st & 8th, 2011 ■ 8:30am-4:00pm

1. Registrant Information

Name of Facility: _____
Mailing Address: _____
City/State/Zip: _____
Contact Person: _____
E-Mail: _____
Daytime Phone: _____ Fax: _____

Name of Professional(s) Attending and Position (Please Print Clearly – First/Last):

Name	Position
Name	Position
Name	Position

2. Is this facility a Nursing Home? Yes No

3. Registration Fees: \$100 per participant X number of Participants = \$ _____

Payment Options:

• Credit card: Visa MasterCard (select one)
Card Number _____ Expiration Date ____/____/____ Security Code* _____
*Last 3 digits on reverse side at signature line
Name on Card _____

• Checks payable to Alzheimer's & Dementia Alliance of Wisconsin (memo: DST)
• Mailing address: Alzheimer's & Dementia Alliance of Wisconsin
Attention: Lana Phelps
517 North Segoe Road, Suite 301
Madison, WI 53705

Questions please contact:

Lana Phelps, Training Specialist : ana.phelps@alzwisc.org Phone : 608.661.0463 Fax: 608.232.3407

Please Register by November 23rd, 2011