



Dementia Specialist Training
May 19th and 26th
Sauk County Health Care Center, Reedsburg
Registration Form
Deadline for Registration and Payment is May 10th

1. Registrant Information

Name of Facility: Nursing Home Yes No
Mailing Address:
City/State/Zip:
Contact Person:
E-Mail:
Daytime Phone: Fax:

Name of Caregiver(s) Attending and Position (Please Print Clearly -- First/Last):

Table with 2 columns: Name, Position. Multiple rows for listing caregivers.

2. Registration Fees: (Please note: We need payment for attendees in advance. Please fax or e-mail credit card payments, or mail your check with your registration to the address below by January 27. Thank you!)

\$100 per participant (or scholarship** amount X number of Participants = \$

(**If you are a nursing home, your participants may be eligible for a Scholarship. Please contact Sue at 608.232.3400 for specifics on how much assistance for which your facility may qualify. Please enter that amount on the line above & the total based on number of attendees below.)

Total Enclosed \$

3. Payment

To pay by credit card, select one: Visa Mastercard
Card Number Expiration Date Security Code*
Name on Card

To pay by check, make checks payable to Alzheimer's & Dementia Alliance of Wisconsin and mail to the address below by May 10th.

4. Mailing and e-mail addresses, fax number, and where to contact with questions:

Mail: Alzheimer's & Dementia Alliance of Wisconsin
Attention: Sue Zimmer
517 N. Segoe Road, Suite 301
Madison, WI 53705

Fax: 608-232-3407

E-Mail: susan.zimmer@alzwissc.org

Phone: If you have questions, please contact Sue Zimmer at 608.232.3400

Thank you!