



Professional Training Registration Form

Registration must be received at least four (4) days prior to training for class reservation. Non-refundable.

REGISTRANT INFORMATION:

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

COURSE INFORMATION:

Course Name: _____

Course Date: _____

Course Location _____

PAYMENT INFORMATION

Register by PHONE

Call Linda Williams at 1-800-272-3900, ext. 121 to register with a Credit Card.

Register by FAX

Fax to 703-359-4441 to register with a Credit Card.

Register by MAIL

Send check made payable to *Alzheimer's Association, NCA* to:

Alzheimer's Association, NCA, 11240 Waples Mill Road, Suite 402, Fairfax, VA 22030

My check for \$_____ is enclosed

Please charge \$_____ to my American Express MasterCard Visa

Card Number: _____ Exp. Date: _____

Name (as it appears on card): _____

Cardholder signature: _____