



Registration Form

Training the Future Leaders of Long Term Care

• A HALF-DAY PRECEPTOR TRAINING PROGRAM • JULY 29, 2015



TARGET AUDIENCE: LNHA

REGISTER TODAY!

Please register and return the completed registration form by **July 28, 2015**:

- Fax: 410-798-9260
- Mail: DCHCA
1220 L Street, NW, Suite 100-242
Washington, DC 20005

REGISTRATION INFORMATION

Receipts Sent Via Email – Please Print Clearly

Name: _____

- LNHA License # & State _____
- Other _____

Email: _____

Billing Address: _____

City: _____ State: _____

Zip: _____

Phone: () _____ Ext. _____

PAYMENT INFORMATION

- Check (made payable to "DCHCA") Check # _____
- Visa MasterCard

Name on card (please print) _____

Card # _____

CVN Code _____

Exp. Date _____

Authorized Signature _____

Training Location:
Knollwood
6200 Oregon Avenue,
NW, Washington, DC
20015.

CEU: 4.25 hours

Registration Fee:
\$60

For all inquiries, please contact Ms. Veronica Damesyn Sharpe, DCHCA President, at Vdamesyn@dchca.org or Ms. Christy Kramer, LeadingAge DC Director, at CKramer@leadingage.org.

Cancellation Policy: Cancellations received in writing or by phone **5 days** prior to the start of training will receive a refund. Any Cancellations after July 24, 2015 are not refundable.

Please register early and arrive before the scheduled start time.