

REGISTRATION

Name: _____

Agency/Profession: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ Fax Number: _____

Email Address: _____ Florida License No: _____

Continuing Education Credit requested for (Please choose one):

Nurse Clinical Social Workers

Nursing Home Administrator Professional Guardian

Fee: Professionals: \$50.00 (includes CE credits) General Public: FREE

Enclosed is my check for: _____

(Make checks payable to Alvin A. Dubin Alzheimer's Resource Center, 12468 Brantley Commons Ct., Fort Myers, FL 33907)

For additional information, call 239-437-3007

We accept:  

Card No: _____ Exp. Date: _____ CV Code: _____

Billing Name: _____

Billing Address: _____

Signature: _____