UW-L Continuing Education and Extension **Offered in partnership with the** alzheimer's association

Dementia Specialist Program: Best Practices
UW-La Crosse

March 22 & March 29, 2011

Program #101-73-08

REGISTRATION INFORMATION:

Name: _____

Employer/Institution _____

Mailing Address: _____
(Employer or Home – Circle One)

City: _____ State/Prov.: _____ Zip/Postal: _____

Daytime Phone: _____ Fax: _____

E-mail address: _____

☐ **$150,** includes materials and lunches

☐ **$125,** Coulee Region LTC Workforce Coalition members and UW-L Gerontology Certificate students

Cancellation Policy: Full refund less $50 processing fee before March 8, 2011. No refunds on or after March 8, 2011. Substitutions will be accepted.

PAYMENT INFORMATION:
Method of Payment:

____ Check – made payable to UW-La Crosse ____ MasterCard ____Visa ____American Express

_ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ _ _ / _ _ _____
Credit Card # Exp. Date Cardholder's signature

_____
Name as it appears on the card Corporation/organization, if corp. or org. card

Special Needs: Please indicate any special needs you may have, including meals: _____

_____

Return this form along with your method of payment:

By mail: University of Wisconsin-La Crosse
Continuing Education/Extension Registration
205 Morris Hall, 1725 State Street
La Crosse, WI 54601

By fax: 608.785.6547
By phone: 608.785.6504
Online: www.uwlax.edu/conted
Toll-free 1.866.895.9233

Registration implies permission for photos, publicity and inclusion in a participant list unless Continuing Education and Extension is notified in writing prior to the program.