UW-L Continuing Education and Extension

Offered in partnership with the
Coulee Region Long-Term Care Workforce Coalition

Planning, Leadership, and Marketing for Long Term Care Organizations
UW-La Crosse

Thursday, July 15, 2010

Program #101-71-10

REGISTRATION INFORMATION:

Name: _____

Employer/Institution _____

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

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

Daytime Phone: _____ Fax: _____

E-mail address: _____

☐ **$70,** Members of the Coulee Region LTC Workforce Coalition, includes lunch

☐ **$95,** General Public, includes lunch

Cancellation Policy: Full refund less $25 processing fee before July 2, 2010. No refunds on or after July 2, 2010. 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: _____

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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

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