



HOME CARE LICENSURE APPLICANT TRAINING

REGISTRATION

Date of Class: _____

Agency Name: _____

Agency Owner: *(ALL owners are required to attend)* _____

Attendee 2: _____

Additional Attendee (s): _____

Email Address *(please print legibly)*: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

PAYMENT

		Subtotal
Class Fee (1-2 Registrants)	_____ @ \$625 OR	\$ _____
Past Attendees wanting to retake course <i>(Past attendance must be verified)</i>	_____ @ \$319	\$ _____
Additional Registrants	_____ @ \$300 each	\$ _____
TOTAL \$		_____

Enclosed is a money order or cashier's check for the total amount of the registration \$ _____
(PERSONAL CHECKS WILL NOT BE ACCEPTED)

Please charge my credit card for the total amount of \$ _____

MasterCard Visa American Express Discover

Credit Card #: _____ Exp. Date: _____ Security code: _____

Name (as it appears on card): _____

Address of Cardholder: _____

City: _____ State: _____ Zip: _____

Signature (required): _____ Date: _____

Confirmations and Cancellation Policy

A final confirmation will be sent via email to registrants at least one week prior to the workshop.
In the event of registrant cancellation, fees are not refundable.
Please contact Richard Fowlkes if you have any questions about registration by calling
919.848.3450 or 800.999.2357.

PLEASE FAX COMPLETED FORM TO 919.848.2355 OR MAIL TO

Association for Home & Hospice Care of North Carolina

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