

REGISTRATION FORM

CALA's Care Coordination: Assisted Living, Home Health and Hospice Providers  
February 7, 2017

Member Organization Name \_\_\_\_\_

The following persons will attend the seminar:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payment for the following fees is enclosed (or will be sent under separate cover):

Members Seminar fee	\$99 X _____	(# of persons) =	\$ _____
Non members Seminar fee	\$199 X _____	(# of persons) =	\$ _____
TOTAL FEES DUE			\$ _____

SEND THIS FORM TO CALA AT 100 HALLS ROAD, P.O. BOX 483, OLD LYME,  
CT 06371, OR FAX IT TO CALA AT (860) 434-5790.