



HOME CARE LICENSURE APPLICANT TRAINING

REGISTRATION FORM

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 SECTION

		<u>Subtotal</u>
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 info@ahhcnc.org 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

3101 Industrial Drive, Suite 204 | Raleigh, NC 27609 | www.ahhcnc.org