



RCAC Administrators Course Participant Registration Form

*Name: _____
 Title: _____
 Parent Company: _____
 *Specific Facility (if different): _____
 *Mailing Address: _____
 * City: _____ *State: _____ *Zip: _____
 *Phone: () _____ Fax: () _____
 *E-mail: _____ Website: _____
 *required field

Additional Attendee Names: _____
 Title: _____ Email: _____

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 Title: _____ Email: _____

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 Title: _____ Email: _____

REGISTRATION

- WALA Member: \$150 WALA Diamond Member: \$135 Non WALA Member: \$200
- BUNDLE IT!** Add \$100 to registration fee to receive an RCAC Compliance Worksheet & 89 Code with memos

TOTAL: \$ _____ multiply number of attendees by registration fee.

Course Dates:

- | | |
|--|--|
| <input type="checkbox"/> May 5-6, 2015 - Madison
M3 Insurance Solutions for Business
3113 W. Beltline Hwy.
Madison, WI 53708 | <input type="checkbox"/> September 1-2, 2015 - Neenah
Valley VNA Health Systems
1533 Lyon Drive
Neenah, WI 54956 |
|--|--|

Payment Information:

- Visa MasterCard American Express Discover

Card Number: _____

Exp. Date: _____ Cardholders Name: _____

Fax or Mail Registration and Payment to:

WALA –Wisconsin Assisted Living Association, P.O. Box 7730, Madison, WI 53707-7730
 Phone: (608) 288-0246 • Fax: (608) 288-0734 • E-mail: info@ewala.org • Website: www.ewala.org

For WALA Office Use Only

Date Received: _____ Check Number: _____ Name on Check: _____
 Amount Received: _____ Date Entered QB: _____ Initials: _____ Trans.#: _____
 Date Entered App: _____ Initials: _____ Cert. Needed: _____ Additional Information: _____