



*Name: _____

Title: _____

Parent Company: _____

*Specific Facility (if different): _____

*Mailing Address: _____

* City: _____ *State: _____ *Zip: _____

*Phone: () _____ Fax: () _____

*E-mail: _____ Website: _____

**required field*

REGISTRATION

Registration is on a first come, first serve basis. Registrations will be date/time stamped when they are received in the WALA office. If a course reaches its full capacity, WALA will contact you and schedule you into the next available course offered. In order to be considered registered for this course **payments must be received in full**.

Fee includes six course manuals and materials, Learning Assessments and notification of successful completion to BAL.

- Current WALA Member: \$2,000
- Diamond Participant: \$1,800

- Non WALA Member: \$2,500
- Diamond Accredited: \$1,500

Total \$ _____

Course Dates: Course is a total of nine days over a period of three consecutive weeks. Participants are expected to attend the course in its entirety. There is no guarantee of course date until you receive an email confirmation. By submitting this registration, attendee agrees to cancellation policy.

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- 2019 October, Brookfield (Milwaukee area)**
 Week 1: October 8, 9, 10
 Week 2: October 15, 16, 17
 Week 3: October 22, 23, 24
 Registration cut-off date: 10/1/2019

Payment Information:

- Visa MasterCard American Express Discover

Card Number: _____ Expiration Date: _____

Cardholders Name: _____ CVV: _____

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 Office Use Only			
Date Registration Received _____	Date Payment Received _____		
Name on Check/Card _____	_____		
Type of Payment/Check # _____	Amount Received _____	Date Entered QB _____	Date Entered YM _____