

The Foundation of AL: Operations & Regulations: CBRF
Participant Registration Form



*Name: _____

Title: _____

Parent Company: _____

*Specific Facility (if different): _____

*Mailing Address: _____

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

*Email: _____ Phone: () _____

**required field*

Additional Attendee Name: _____

Title: _____ Email: _____

Additional Attendee Name: _____

Title: _____ Email: _____

Registration:

- Current WALA Member: \$150.00
- Non WALA Member: \$225.00
- Diamond Participant: \$135.00
- Diamond Accredited: \$112.50
- BUNDLE IT!** Add \$50 to registration fee to receive a CBRF Compliance Worksheet!

Number of Attendees: _____ Total: \$ _____

Course Dates:

CBRF Specific

- August 15, 2019; Merrill (Wausau area)**
Bell Tower Residence
1500 O'Day Street
Merrill, WI 54452
(Registration cut-off is 8/13/19)
- August 20, 2019; West Allis (Milwaukee area)**
The Landmark of West Allis
1441 S. 68th Street
West Allis, WI, 53214
(Registration cut-off is 8/18/19)

Payment Information:

- Visa
- MasterCard
- American Express
- Discover
- Check made out to WALA

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 _____