

The Foundation of AL: Operations & Regulations: RCAC
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 an RCAC Compliance Worksheet!

Number of Attendees: _____ **Total: \$** _____

Course Dates:

RCAC Specific
<input type="checkbox"/> August 22, 2019; Madison Community Living Alliance 1414 MacArthur Road, Suite 315 Madison, WI 53714 <i>(Registration cut-off is 8/20/19)</i>

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 _____