

LEAP TRAIN-THE-TRAINER REGISTRATION FORM

Please complete the following information to register your organization for the LEAP train-the-trainer two-day workshop. We will confirm your class dates within three working days of receipt of your registration.

Dates & Locations of Workshop (For dates/locations, see www.matherlifeways.com/leap.)

1st Choice: Date: _____ Location: _____

2nd Choice: Date: _____ Location: _____

Organization Information

Organization _____

Address (street) _____

City, State, Zip code _____

Size of Organization (please check one):

Less than 50 beds _____ 50-100 beds _____ Over 100 beds _____

Pricing – per Attendee

Workshop registration fee includes LEAP materials and snacks each day. Costs of lodging and transportation are the attendees' responsibility.

1. **\$795** – Workshop registration fee includes LEAP Modules 1 and 2 and a LEAP binder. At the end of the workshop, the attendee becomes certified as a LEAP Specialist.
2. **\$550** – Workshop registration fee includes a LEAP binder only. Attendee must bring the complete set of training materials (Modules 1 and 2) to the workshop. At the end of the workshop, the attendee becomes certified as a LEAP Specialist.
3. **\$500** – Workshop registration fee includes a LEAP binder only. Attendee participates in the workshop as an observer.

Persons Attending

Attendee 1 Name _____

Position _____

Phone Number _____

E-mail address _____

Attendee 2 Name _____

Position _____

Phone Number _____

E-mail address _____

Attendee 3 Name _____

Position _____

Phone Number _____

E-mail address _____

Registration Fee

\$ _____

\$ _____

\$ _____

Total Fees \$ _____

Organizational Readiness Survey

Prior to the LEAP train-the-trainer workshop, each long-term care organization completes a brief self-assessment of its learning capacity. Administrators and directors of nursing **must** complete this survey. Additionally, the survey may be filled out by other members of the organization. Evaluation of the organization's learning capacity focuses on assessment of three key areas:

- Management Style
- Readiness for Learning
- Capacity to Implement and Sustain LEAP

Results of the self-assessment are forwarded to the organization's administrator and director of nursing with recommendations for readiness of the organization for LEAP.

Completed Registration Includes:

1. Completed registration form
2. Signed LEAP licensing agreement
3. Completed Organizational Readiness Surveys
4. Check payable to **Mather LifeWays** or provide credit card information below:

Visa _____ MasterCard _____

Card Number: _____

Name on Card: _____

Expiration Date: _____ VCode (last three digits on back of card): _____

Billing Address: _____
(street)

(city) _____ (state) _____ (zip) _____

Signature: _____

5. Send all materials to:
LEAP
Mather LifeWays Institute on Aging
1603 Orrington Avenue, Suite 1800
Evanston, IL 60201
or Fax to: (847) 492.6789

Questions & Concerns:

Phone: (847) 492.7444
Fax: (847) 492.6789
leap@matherlifeways.com
www.matherlifeways.com/leap

(Please use photocopies of this form if you are sending more than three attendees.)