

Mather LifeWays Institute on Aging Registration Form

To register for a course, please complete the following form and return it by mail or fax to the address or number below. We will confirm your request within three working days of receipt.

Workshops	Date/Time	Number Attending	Cost
LEAP Long Term Care 2-day train-the-trainer workshop			<i>Call for pricing information</i>
LEAP for Senior Living 1-day train-the-trainer workshop			\$250/person
PREPARE 1-day train-the-trainer workshop			\$395/person
SAFE-TI: A Falls Reduction Program 1-day train-the-trainer workshop			\$250/person
Webinars			
LEAP 101 3-part series or individual webinar			\$250/person \$95/person
LEAP for Senior Living 3-part series or individual webinar			\$250/person \$95/person
PREPARE 3-part series or individual webinar			\$250/organization \$95/organization
SAFE-TI: A Falls Reduction Program 3-part series or individual webinar			\$250/person \$95/person
Wellness Webinars 5-part series or individual webinar			\$199/organization \$49/organization
Online Courses			
Care Coaching Online			\$159/person
Empower Online			\$159/person
Gerontology Online Single course 6-course certificate series			\$159/person \$859/person
Total			

Participant Names (excluding PREPARE and Wellness webinar participants)

Name _____

Position _____

Phone _____

E-mail _____

Name _____

Position _____

Phone _____

E-mail _____

(Please photocopy this form if there are more than 2 participants.)

Payment Method

Check enclosed (Payable to **Mather LifeWays Institute on Aging**)

Visa Mastercard

Card Number _____

Expiration Date _____

Verification Code _____

Name on Card _____

Billing Address _____

City/State/Zip _____

Signature _____

Send registration form to:

Mather LifeWays Institute on Aging
Attention: Kim Deng
1603 Orrington Avenue
Suite 1800
Evanston, IL 60201

OR

Fax to:
Kim Deng
(847) 492.6789

Questions? Contact Louise Lyons
llyons@matherlifeways.com or (847) 492.7433

Organization Information

Organization/Community Name _____

Address _____

City _____

State _____ Zip _____

Contact Person Name _____

Title _____

Phone Number _____

Email _____

How did you hear about us? _____

Referred by your state association? Y / N

State association _____

