

**Seminar Registration Form**  
**“Medication Management in Assisted Living”**

**Name:** \_\_\_\_\_

**Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Date:** \*\*\_\_\_\_\_\*\*

**\*Be sure you specify which date you will be attending\***

<b><u>Member Fee:</u></b> \$25.00	<b><u>Non-Member Fee:</u></b> \$45.00
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Please check appropriate box:

- Check enclosed (Payable to ALAA)
- Payment already sent in to ALAA
- Please charge my \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard/Total Charge: \$\_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please return this registration and payment to:**

ALAA, 5921 Carmichael Road, Montgomery, AL, 36117

Phone: (334) 262-5523

Fax: (334) 262-4603

