

Dementia Dialogues Registration

(Please print)

Name _____

Facility/Agency name (if applicable) _____

Address _____

_____ Zip _____

Phone _____ Fax _____

Location you wish to attend class _____ Time _____

Number of persons attending: _____

Please **fax** this form
at least one week before date of first training session to:

803-777-0246

Or mail to:

Jan Merling
Office for the Study of Aging
ASPH, USC
Columbia, SC 29208

Problems/Questions? Call 803-318-1601

Please do not use a cover sheet. Please do not list individual names.
All will be registered however you will not receive a confirmation.

Thanks