

# Dementia Dialogues Registration

(Please print)

Name \_\_\_\_\_

Facility/Agency name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Location you wish to attend class \_\_\_\_\_

Number of persons attending: \_\_\_\_\_

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

**803-777-0246**

**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