

**Dementia Dialogues Registration**  
**(Please print)**

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↑Please fill in **location and time** you wish to attend↑

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↑beginning on (date)↑

Participants must attend Unit 1 to be eligible to attend any other session

Contact person \_\_\_\_\_

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

Address \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

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

**Please fax this form, at least one week before date of first training session to: 803-777-0246**

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

**OR**

**Mail this form to:**

Jan Merling  
Office for the Study of Aging  
Arnold School of Public Health  
University of South Carolina  
Columbia, SC 29208

**Problems/Questions? Call 803-318-1601**