

**Florida Assisted Living Association
Education Registration Form**

NO REFUNDS/CANCELLATIONS ONE WEEK PRIOR TO CLASS.

FALA reserves the right to cancel a class if a minimum number of registrations are not met within 5 business days of scheduled class. It is important to fill out every line on this form. If not completed properly it will be rejected.

PLEASE PRINT CLEARLY

Class # _____ Last 4 digits of SS# _____

Class Location _____ Class Date: _____

Your Name _____

(As you want it to appear on your Certificate)

Facility or Self (if not employed) _____ FALA Member # _____

Address _____

(Facility address or your address)

CITY _____ STATE _____ ZIP _____

Work Phone _____ Cell Phone _____

Email _____

I am registering for:

- | | | |
|--|---------------------------------------|--|
| <input type="radio"/> Core Training - | <input type="checkbox"/> \$365 Member | <input type="checkbox"/> \$399 Non Members |
| <input type="radio"/> 12 Hour Refresher Course - | <input type="checkbox"/> \$175 Member | <input type="checkbox"/> \$199 Non Member |
| <input type="radio"/> ECC Training - | <input type="checkbox"/> \$115 Member | <input type="checkbox"/> \$135 Non Member |
| <input type="radio"/> Adult Family Care Home Training - | <input type="checkbox"/> \$175 Member | <input type="checkbox"/> \$195 Non Member |
| <input type="radio"/> Adult Family Care Home 3 hr update- | <input type="checkbox"/> \$59 Member | <input type="checkbox"/> \$89 Non Member |
| <input type="radio"/> Dietary Update - | <input type="checkbox"/> \$69 Member | <input type="checkbox"/> \$89 Non Member |
| <input type="radio"/> 2 Hour Compliance Course - | <input type="checkbox"/> \$59 Member | <input type="checkbox"/> \$79 Non Member |
| <input type="radio"/> 4 Hour Alzheimer's Level I Training - | <input type="checkbox"/> \$69 Member | <input type="checkbox"/> \$89 Non Member |
| <input type="radio"/> 4 Hour Alzheimer's Level II Training - | <input type="checkbox"/> \$69 Member | <input type="checkbox"/> \$89 Non Member |
| <input type="radio"/> Basic Caregiver Education - | <input type="checkbox"/> \$59 Member | <input type="checkbox"/> \$79 Non Member |
| <input type="radio"/> First Aid/CPR/AED 4hours - | <input type="checkbox"/> \$40 Member | <input type="checkbox"/> \$59 Non Member |
| <input type="radio"/> Core Update Training ___AM or ___PM | <input type="checkbox"/> \$69 Member | <input type="checkbox"/> \$89 Non Member |

Payment Method: Company Check / Money Order(NO CASH) **Amount Authorized:** _____

Visa MasterCard American Express

Credit Card # _____ **Exp. Date** _____

Name on Card _____ **3 digit code** _____

Card Billing Address _____

Signature: _____ **Date:** _____

Mail registrations with payment to:
Florida Assisted Living Association (FALA)
1618 Mahan Center Blvd., Suite 103, Tallahassee, Florida 32308
Fax credit card registrations to: (850) 224-0448
Questions: 850-383-1159