

**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 Core Refresher                 | <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"/> ECC Training -Webinar                  | <input type="checkbox"/> \$59 Member  | <input type="checkbox"/> \$79 Non-Member   |
| <input type="radio"/> Adult Family Care Home 12hours         | <input type="checkbox"/> \$175 Member | <input type="checkbox"/> \$195 Non-Member  |
| <input type="radio"/> AFCH 3-hour 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"/> Dietary Update - Webinar               | <input type="checkbox"/> \$49 Member  | <input type="checkbox"/> \$69 Non-Member   |
| <input type="radio"/> 4 Hour Alzheimer's Level I             | <input type="checkbox"/> \$69 Member  | <input type="checkbox"/> \$89 Non-Member   |
| <input type="radio"/> 4 Hour Alzheimer's Level I Webinar     | <input type="checkbox"/> \$49 Member  | <input type="checkbox"/> \$69 Non-Member   |
| <input type="radio"/> 4 Hour Alzheimer's Level II            | <input type="checkbox"/> \$69 Member  | <input type="checkbox"/> \$89 Non-Member   |
| <input type="radio"/> First Aid/CPR/AED 4hours               | <input type="checkbox"/> \$40 Member  | <input type="checkbox"/> \$59 Non-Member   |
| <input type="radio"/> 6 Hour Medication Class                | <input type="checkbox"/> \$60 Member  | <input type="checkbox"/> \$79 Non-Member   |
| <input type="radio"/> 2 Hour Medication Update               | <input type="checkbox"/> \$25 Member  | <input type="checkbox"/> \$39 Non-Member   |
| <input type="radio"/> 9 Hour ServSafe Dietary Manager & Test | <input type="checkbox"/> \$130 Member | <input type="checkbox"/> \$149 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 (check) to:**  
Florida Assisted Living Association (FALA)  
1618 Mahan Center Blvd., Suite 103, Tallahassee, Florida 32308  
**Email credit card registrations to:** [aspire@fala.org](mailto:aspire@fala.org)  
Questions: 850-383-1159