

## **Contact Information**

If you are not affiliated with a facility or are paying for this course on your own, please include only your home information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \* \_\_\_\_\_

### **Complete if affiliated with a Health Facility:**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_

Will facility pay tuition?    Yes    No    If yes, will Facility need an invoice?    Yes    No

Is facility a HOPE Member?    Yes    No    Is facility an IAHSA member?    Yes    No

### **PAYMENT METHOD: INDICATE \_\_\_HFA OR \_\_\_RCA COURSE**

\_\_\_ Only my \$500 non-refundable deposit is included. Full payment will be sent by April 27, 2012

\_\_\_ My full payment is included

\_\_\_ I am receiving state or federal funding (confirmation of funding must be provided. & full payment, including non-refundable deposit, is due by April 27, 2012)

Send correspondence to my home address    Send correspondence to my facility address

### **EDUCATION:**

High school education?    Yes    No    School: \_\_\_\_\_  
College education?    Yes    No    School: \_\_\_\_\_ Degree? \_\_\_\_\_  
Post Grad education?    Yes    No    School: \_\_\_\_\_ Degree? \_\_\_\_\_

### **MAKE CHECKS PAYABLE TO HOPE**

**Mail to:** Hoosier Owners and Providers for the Elderly  
3530 South Keystone Avenue, Suite 301  
Indianapolis, IN 46227

**\* Information concerning the course will be sent to you via email.  
Please provide us with a valid address.**