

# Train the Trainer Workshop

November 9 - 15, 2020

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## REGISTRATION FORM

You may register in one of three ways:

**BY FAX:** Fax your completed registration form along with your credit card information to: 609.584.1047.

**BY MAIL:** Mail your completed registration form along with your check or credit card information to:

*Health Care Association of New Jersey, 4 AAA Drive, Suite 203, Hamilton, NJ 08691*

**ONLINE:** Visit our website at [www.hcanj.org](http://www.hcanj.org) and click on the **Events and Education** tab to find the event.

NO REFUNDS WILL BE OFFERED but you may transfer your registration to another attendee.

Please feel free to duplicate this form for additional registrants.

Once the course closes it cannot be reopened. If you do not complete all three modules within the designated week, you must register for the next session, pay the fee, and re-take the entire course. There are no exceptions.

*Registration questions - please contact [michelle@hcanj.org](mailto:michelle@hcanj.org)*

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### Please complete entire registration form

Registrant Name \_\_\_\_\_ Title \_\_\_\_\_

RN / Pharmacist License # \_\_\_\_\_

Registrant email address \_\_\_\_\_

*Please select one of the following:*

\$90 - My facility is a member of  HCANJ  NJHA  LeadingAge NJ/DE OR

\$140 - My facility is not a member of HCANJ, NJHA or LeadingAge NJ/DE

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

Facility Address \_\_\_\_\_  
Street Address City State / Zip

Facility phone number \_\_\_\_\_ Facility fax number \_\_\_\_\_

Email address for registration confirmation \_\_\_\_\_

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### Payment information

Name on credit card \_\_\_\_\_ Cardholder email \_\_\_\_\_

Cardholder phone \_\_\_\_\_ Cardholder fax \_\_\_\_\_

Cardholder Address \_\_\_\_\_  
Street Address City State / Zip

Check enclosed for \$ \_\_\_\_\_ OR  Charge my credit card for \$ \_\_\_\_\_  MasterCard  Visa  AMEX

Card No. \_\_\_\_\_ Security No. \_\_\_\_\_ Card Exp. Date \_\_\_\_\_

The Security No. is the three or four digit black number on the front or back of your credit card

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*For internal use only: Registered \_\_\_\_\_ AMO Pmt \_\_\_\_\_ Bookkeeping \_\_\_\_\_*