



Precision Management and Consulting LLC.

540 Route 130 | Cinnaminson | New Jersey | 08077 | 1-877-743-8126

### 3-Day Home Health Business Workshop Registration Form

Title:	First name:	Last Name:
Business Name or Group:		Occupation:
Dietary Requirements:		Special Accommodations:

Address:		Home Phone:	
City:		Mobile Phone:	
State:	Zip Code:	Fax:	E-Mail Address:

Workshop/Training Dates	Select Date	Workshop/Training Dates	Select Date
January 9 <sup>th</sup> - 11 <sup>th</sup>		July 10 <sup>th</sup> -12 <sup>th</sup>	
February 6 <sup>th</sup> - 8 <sup>th</sup>		August 8 <sup>th</sup> -10 <sup>th</sup>	
March 5 <sup>th</sup> -7 <sup>th</sup>		September 4 <sup>th</sup> -6 <sup>th</sup>	
April 9 <sup>th</sup> -11 <sup>th</sup>		October 3 <sup>th</sup> -5 <sup>th</sup>	
May 7 <sup>th</sup> - 9 <sup>th</sup>		November 7 <sup>th</sup> -9 <sup>th</sup>	
June 6 <sup>th</sup> -8 <sup>th</sup>			

Note:  
Home Health Workshop Methods: M – Module / W – Workbook/ P-Presentation

Signed: Date:	<b>Training admin use</b> Received:
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The cost of Home Health business workshop is \$1800 excluding room and board (A cancellation charge will be levied if you do not attend and do not advise the Course Director a minimum of two days before the workshop).

Applications must be received at least a week before the course date.

**Please complete the form and email or fax to:**

PMCS, P.O.BOX 337, Burlington, NJ 08016

**Email:** training@medicalstaffingmanuals.com

**Fax:** 877-743-8392

**Payment Method:**

\_\_\_\_\_ Check or Money Order Enclosed (Payable to Precision Management and Consulting Services)

To arrange for other forms of payment or for any additional information regarding the Home Health workshop, please contact us at: training@medicalstaffingmanuals.com

Devin Asante, Training Coordinator, 1-877-743-8126, Ext 1