



1-Day Non-Medical Home Care 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 30th		July 30th	
February 28th		August 28th	
March 28th		September 25th	
April 27th		October 25th	
May 31th		November 16th	
June 29th			
Note: Home Care Workshop Methods: M – Module / W – Workbook/ P -Presentation			

Signed: Date:	Training admin use Received:
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The cost of Home Care workshop is \$480 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 this workshop, please contact us at: training@medicalstaffingmanuals.com

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