



## Home Care Partners' Continuing Education Registration Form

<b>Name of Course</b>	
<b>Course Date</b>	
<b>Course Time</b>	
<b>Cost</b>	
<b>Your Name</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>Email Address</b>	
<b>License or Certification Number and State (if applicable)</b>	
<b>Payment Method</b>	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card

1. Complete form and save to your computer. *All payments must be **received** by Home Care Partners at least 3 days before course start date.*
2. To pay by credit card (Master Card and Visa only), call Marie Muller (202) 559-9841 and at same time send completed form by Fax to (202) 638-3169 or by email to [info@homecarepartners.org](mailto:info@homecarepartners.org).
3. To pay by check, send completed registration form and payment to Home Care Partners, 1234 Massachusetts Ave., NW, Ste. C-1002, Washington, DC 20005.
4. To pay in person, bring completed registration form and payment to Home Care Partners.

1234 Massachusetts Avenue, NW • Suite C-1002 • Washington, DC 20005 • Tel: 202-638-2382 • Fax: 202-638-3169

