CAADS WEBINAR REGISTRATION AND PAYMENT

Part 2: Adult Day Services – Self Care: Taking Care of YOU

(January 16, 2020)

$25.00 Per Registrant (Non-Member)

Center Name: _____

*Registrant's Name: _____

*Registrant's Email: _____

*Job Title: _____

Address: _____

City/State/Zip: _____

Telephone: ( ) - _____

* Required

☐ **Payment by CREDIT / DEBIT CARD is authorized in the amount of $** _____

☐ **VISA Credit / Debit Card** ☐ **MASTERCARD Credit / Debit Card** ☐ **DISCOVER Credit Card**

☐ **American Express**

Card Number: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Expiration (Month & Year): _____ / _____ C V V Code _____ _____ _____

Cardholder's Signature: _____

Name (as it appears on card): _____

Billing Address (if different from above): _____ Billing Zip: _____

Questions? Contact CAADS at **(916) 552-7400** or email **caads@caads.org**

SUBMIT YOUR COMPLETED FORM TO:

CAADS ▪ 1107 9th Street, Suite 701 ▪ Sacramento, CA 95814 or FAX to: (866) 725-3123