

<b>To:</b>	DMAP Training	<b>From:</b>	
<b>Fax:</b>	503-947-5221	<b>Fax:</b>	
		<b># pages:</b>	

## Training Registration Form

### For Nursing Facility providers

#### ***Attendee information***

Name:				Work Phone:				
E-mail:				Fax:				
Representing:								
Address:								
City:		County:		State:		ZIP:		
Do you need special accommodations (e.g., ADA) to attend?							Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify:								

#### ***Date and location information***

September 18, 2009  
9:00 a.m. – 3:00 p.m.

St. Vincent Hospital  
East Pavilion, Auditorium room A (use Fountain entrance, parking in the East parking structure)  
9205 SW Barnes Road  
Portland, OR 97225

#### ***How to send your registration***

Complete the form and send it to 503-947-5221 (Salem). We will send you confirmation by mail, fax, or e-mail.

#### ***Questions?***

- If you have any questions or need help to register, call DMAP Training at 503-945-6549.
- If you need this material in an alternate format, call the number above or 800-375-2863 (TTY).