

To:	DMAP Training	From:	
Fax:	503-947-5221	Fax:	
		# pages:	

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"/>
If yes, please specify:		No	<input type="checkbox"/>

Date and location information

September 29, 2009
9:00 a.m. – 3:00 p.m.

Roseburg DHS
Room: 1&2
1937 W. Harvard Ave.
Roseburg, OR 97470

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).