



**REGISTRATION FOR MENTAL HEALTH SUPPORTIVE HOME CARE
AIDE TRAIN THE TRAINER
MAY 24, 2017**

(Please duplicate this form for each person attending)

Name _____ **Title** _____
Agency _____
Phone _____
Email _____

- Council Member Registration - \$100.00
 Non-member Registration - \$300.00

TO PAY BY CHECK: Make check payable to Home Care Aide Council and mail to Home Care Aide Council, 124 Watertown Street, Suite 2E, Watertown, MA 02472

TO PAY BY CREDIT CARD: Complete form and forward to the Council office by mail, email to layala@hcacouncil.org or fax to (781) 209-5977

Number of Registrations: _____ **Amount Total:** _____
Food Restrictions (if any) _____

Please check one:

_____ American Express _____ MasterCard _____ VISA

Exp. Date: _____ / _____ (Month/Year)

CV Code (MC/Visa: 3 digit on reverse or AMEX: 4-digit code on front) _____

Card Number: _____

Cardholder's Name: _____

Billing Address: _____

City State Zip: _____

Signature: _____

For more information, contact our office (617)744-6561 or layala@hcacouncil.org