



GROUP REGISTRATION FORM

Organization's Name: _____

Contact Person: _____

Billing Address: _____

Full Address _____

County: _____

Contact Phone: _____ **Fax:** _____

GROUP TRAINING SELECTION: (Minimum Group Size is 10 within the tri-county)

How many attendees: _____

Language: ___ English ___ Spanish ___ Creole ___ Other: _____

Day of week: ___ Sun ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat

Start Time: _____ am / pm

Training Address: _____

Special Notes: _____

Please Check training(s): Use as many pages as needed for scheduling multiple trainings.

Health / Safety & Medication

___ CPR / FIRST AID / AED Combo

___ Self Administration with Medication – Choose: ___ 6 hrs ___ 4 hrs ___ 2 hrs

In-Services purchased as individual – package prices are different

___ HIV / AIDS

___ Blood borne Pathogens

___ Alzheimer's: ___ Level I ___ Level II

___ Do Not Resuscitate

___ Resident's Rights Abuse, Neglect Exploitation

___ Resident Behavior & Activities of Daily Living

___ Emergency Preparedness & Evacuation

___ Elopement - Adverse / Major Incident

___ Mental Health 3 hrs Update

___ Safe food handling

___ Water Safety

___ Other: _____

Fax or email form to: 305.956.5150 or office@arrendells.com