

# Registration Form

## Center for Aging Research and Educational Services

### Continuing Professional Training, 2009-2010

One registrant per form. You may register for more than one event. Please print or type legibly.

First Name:		Middle Initial:		Last Name:	
Honorific: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.				Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
If you have registered for training under another name, what was it?			What name would you like on your name tag?		
Race/Ethnicity (Optional) <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native American/Eskimo <input type="checkbox"/> More than one					
Telephone (including area code) (We ask for home and cell numbers in case we must cancel events for weather or other emergencies.) Home: ( ) Cell: ( ) Work: ( ) ext.					
Work E-mail Address:			Fax Number: ( )		
Agency Name:					
Mailing Address (PO Box, Drawer #, or Street Name and Suite):					
City:		State:	Zip:		County:
Supervisor's Full Name:			Supervisor's Phone: (with area code)		
<b>Employment type</b> <input type="checkbox"/> Not applicable <input type="checkbox"/> County DSS – Permanent <input type="checkbox"/> County DSS – Temporary <input type="checkbox"/> County Not DSS <input type="checkbox"/> Federal agency <input type="checkbox"/> State agency/public university <input type="checkbox"/> Private university/ college <input type="checkbox"/> Private agency/business		<b>Work type</b> <input type="checkbox"/> Direct client service <input type="checkbox"/> Line supervisor <input type="checkbox"/> Trainer/staff development <input type="checkbox"/> Program manager <input type="checkbox"/> Program/admin. Support <input type="checkbox"/> Director <input type="checkbox"/> Other <input type="checkbox"/> Not applicable		<b>DSS Program Responsibilities</b> (If you do not work in a county DSS, please skip to the next box.) Check all that <b>currently</b> apply. <input type="checkbox"/> Adult care home CMS <input type="checkbox"/> Adult day care <input type="checkbox"/> Adult homes specialist <input type="checkbox"/> Adult protective services <input type="checkbox"/> Adult services intake <input type="checkbox"/> At-risk case management <input type="checkbox"/> Attorney <input type="checkbox"/> Guardianship <input type="checkbox"/> In-home aide services <input type="checkbox"/> Special assistance <input type="checkbox"/> Trainer <input type="checkbox"/> Other:	
<b>Highest Degree</b> <input type="checkbox"/> HS <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate		<b>Highest Social Work Degree</b> <input type="checkbox"/> BSW/BSSW <input type="checkbox"/> MSW/MSSW <input type="checkbox"/> PhD/DSW		<b>Other Roles</b> (Complete this box if you <i>do not</i> work in a county DSS.) <input type="checkbox"/> Aging services <input type="checkbox"/> Attorney/judicial <input type="checkbox"/> Developmental disabilities <input type="checkbox"/> Health/medical <input type="checkbox"/> Law enforcement <input type="checkbox"/> Long-term care <input type="checkbox"/> Mental Health <input type="checkbox"/> Student/student intern <input type="checkbox"/> Substance abuse <input type="checkbox"/> Vocational rehabilitation <input type="checkbox"/> Other:	
<b>Beginning with the End in Mind: Refining Your Skills in Termination, \$20</b> February 10, Winston-Salem  <b>Cognitive Impairments: It's Not Just Alzheimer's, \$40</b> February 23–24, Wilmington April 21–22, Burlington  <b>Developing Effective Helping Relationships, \$40</b> February 16–17, Asheville March 2–3, Bayboro  <b>Effective Social Work Practice with Adults, Parts I and II, \$65</b> November 3–5 and 17–19, Washington January 5–7 and 26–28, Dallas May 4–6 and 18–20, Asheville  <b>Effective Supervision and Management in Adult Services, Each Module, \$80</b> Modules 1, 4, and 5, March 15–18, Asheboro Modules 2, 3, and 6, April 5–8, Asheboro			<b>Ethics and Everyday Practice, \$20</b> January 20, Clemmons May 26, Sylva  <b>Serious Mental Illness, \$40</b> September 22–23, Greenville October 22–23, Asheville  <b>Substance Use and Older Adults, \$20</b> February 3, Pinehurst March 30, Whiteville  <b>Working with Older Adults, \$40</b> June 2–3, Chapel Hill   <b>Remember to register through the AHECs for A Multidisciplinary Look at Geriatric Mental Health: Parts I and II (Fee set by the AHEC)</b> September 17–18 and October 25–26, Pinehurst March 25–26 and April 15–16, Asheville		
How many events total? _____ Total fees _____		<b>Payment Option</b> <input type="checkbox"/> Check enclosed <input type="checkbox"/> Agency Authorization of Payment enclosed <i>Please note: Registration forms must be accompanied by a check or authorization to be accepted.</i>			