

## Mather LifeWays Institute on Aging Registration Form

To register for a course, please complete the following form and return it by mail or fax to the address or number below. We will confirm your request within three working days of receipt.

Workshops	Date/Time	Number Attending	Cost
<b>LEAP Long Term Care</b> 2-day train-the-trainer workshop			Call for pricing information
<b>LEAP for Senior Living</b> 1-day train-the-trainer workshop			\$250/person
<b>PREPARE</b> 1-day train-the-trainer workshop			\$395/person
<b>SAFE-TI: A Falls Reduction Program</b> 1-day train-the-trainer workshop			\$250/person
<b>Webinars</b>			
<b>LEAP 101</b> 3-part series or individual webinar			\$250/person \$95/person
<b>LEAP for Senior Living</b> 3-part series or individual webinar			\$250/person \$95/person
<b>PREPARE</b> 3-part series or individual webinar	August 3, 10, & 17		\$250/organization \$95/organization
<b>SAFE-TI: A Falls Reduction Program</b> 2-part series or individual webinar			\$250/person \$95/person
<b>Wellness Webinars</b>			\$49/organization
<b>Online Courses</b>			
<b>Care Coaching Online</b>			\$159/person
<b>Empower Online</b>			\$159/person
<b>Gerontology Online</b> Single course 6-course certificate series			\$159/person \$859/person
<b>Total</b>			

**Participant Names** (excluding PREPARE and Wellness webinar participants)

Name \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

(Please photocopy this form if there are more than 2 participants.)

**Payment Method**

Check enclosed (Payable to **Mather LifeWays Institute on Aging**)

Visa     Mastercard

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Verification Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_

**Organization Information**

Organization/Community Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Referred by your state association? Y / N

State association \_\_\_\_\_

**Send registration form to:**

**Mather LifeWays Institute on Aging**  
Attention: Kim Deng  
1603 Orrington Avenue  
Suite 1800  
Evanston, IL 60201

OR

**Fax to:**  
Attention: Kim Deng  
(847) 492.6789

**Questions? Contact Louise Lyons**  
[llyons@matherlifeways.com](mailto:llyons@matherlifeways.com) or (847) 492.7433

