

## WPSA

### Alzheimers, Dementia Memory Care Training Registration Form "Train the Trainer for Personal Care Workers"

Today's Date:

Phone Number:

e-mail

Agency Name:

Street:

PO Box:

City:

County:

Other:

Zip:

How many years has your agency been in business?

Is your company a current member of WPSA ?:

Yes

No

Please PRINT the names of those who will be attending:

What is the background of your recommended trainer(s)?

CNA

PCW

LPN

RN

Other-explain:

Date of Training Attending:

Cost of Training: **Current WPSA Member \$115.00 per person** # attending \_\_\_\_\_

**Non WPSA Member \$165 per person** # attending \_\_\_\_\_

Total cost for your agency: \_\_\_\_\_

**Please forward an electronic copy of this registration to  
wpsa.training@gmail.com**

**Please send registration and check to:  
Mo Thao-Lee, Administrator  
Universal Home Health Care, Inc.  
933 Erie Avenue, Suite 9  
Sheboygan, WI 53081  
Ph: 920-452-3370    FX: 920-452-3380**