



# PRESTIGE MEDICAL SOLUTIONS

## Alzheimer's Disease and Dementia Care Seminar Registration Form

Seminar Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Personal Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E Mail: \_\_\_\_\_

Profession: \_\_\_\_\_

Organization Affiliation: \_\_\_\_\_

### **Fees and Payment:**

**Course Fee:** \$165.00 per person; \$185 per person after registration deadline  
Registration Deadline 7 days prior to the course  
(Fees include 8-hour course, student notebook, light lunch and certificate of participation)

Payment can be rendered in form of cash, check, or credit card.

Make checks payable to: Prestige Medical Solutions and **mail to**  
**490 Somerset Street North Plainfield NJ 07060**

**Application Fee:** There is a separate application fee. Applications submitted as a group will be eligible for a discounted rate of \$25.00 per person. This fee is made payable to the NCCDP.

### **Payment Information:**

Check for \$ \_\_\_\_\_  Cash (to be collected the date of seminar)

Charge the amount of \$ \_\_\_\_\_ to my \_\_\_ Visa \_\_\_ MasterCard \_\_\_ AMEX \_\_\_ Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Contact Ellisa Lee RN, CDP, CADDCT for further information**

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