



**Assisted Living Association  
Of Alabama**

**Seminar Registration Form**  
"Risk Management in Assisted Living"

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

Facility: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ Date Attending: \_\_\_\_\_

**\*Be sure you specify which date you will be attending\***

**Member Fee:** \$25.00

**Non-Member Fee:** \$45.00

Please check appropriate box:

Check enclosed (Payable to ALAA)

Payment already sent in to ALAA

Please charge my \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard/Total Charge: \$\_\_\_\_\_

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

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

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please return this registration and payment to:**

ALAA, 5921 Carmichael Road, Montgomery, AL, 36117

Phone: (334) 262-5523

Fax: (334) 262-4603