



## Registration Form

### ***Complementary Strategies in Dementia Care***

Please complete the following information:

First Name
Last Name
Street Address/PO Box
City
State
Zip Code
Phone
Email
Organization
Profession

#### Method of Payment

Check or money order payable to CEII

Please charge my  Visa  MasterCard  American Express

Card #: \_\_\_\_\_

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

Return this form with your registration fee to the address below. Thank you.

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