



**Registration Form – Reframing Dementia, Effingham**

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  Discover

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

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

If name and/or address for credit card is different from registrant, please provide:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this form with your registration fee to the Continuing Education Institute:

8770 West Bryn Mawr Avenue  
Suite 1300  
Chicago, IL 60631  
(773) 930-3200  
[www.continuingeducationpartner.com](http://www.continuingeducationpartner.com)