



**Registration Form – 2018 Spring Alzheimer’s Mini- Conference**

**Check location:**

\_\_\_\_\_ **Orland Park**

\_\_\_\_\_ **Naperville**

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

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