



Registration Form – Alzheimer’s Care is a Team Effort (online)

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