Training Location:

Contact Person from Aging Unit/ADRC:

Aging Unit/ADRC:

Address:

City: State: Zip Code:

Phone Number: Fax Number:

E-mail Address:

**Names of those attending** *(Please type or print; we will need correct spelling for nametags)*

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
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| 9 |  |
| 10 |  |

***Do you have any food allergies or special dietary needs? (We must know this ahead of time for planning meals and/or snacks)***

***Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Registration fee is $[x.xx] per person.**

**Please make your check payable to: [Aging Unit/ADRC/AAA]**

**Return registration form and fee to:** [Nutrition Director], [Agency Name], [Address], [City], WI [Zip Code]. Deadline for registration is [Date]. **We are sorry, but we cannot refund registrations.**