



*Name: _____

Title: _____

Parent Company: _____ *Specific Facility (if different): _____

*Mailing Address: _____

*City: _____ *State: _____ *Zip: _____

*Phone: (____) _____ *Email: _____
**required fields*

REGISTRATION

Registration is on a first come, first serve basis. Registrations will be date/time stamped when they are received in the WALA office. If a course reaches its full capacity, WALA will contact you and schedule you into the next available course offered. In order to be considered registered for this course **payments must be received in full.**

Fee includes six course manuals and materials, learning assessments and notification of successful completion to BAL.

Current WALA Member: \$2,000

Non WALA Member: \$2,500

Diamond Participant: \$1,800

Diamond Accredited: \$1,500

Total: \$ _____

Course Dates: *Each course date is laid out below. Participants are expected to attend the course in its entirety. There is no guarantee of course date until you receive an email confirmation. By submitting this registration, attendee agrees to cancellation policy.*

**2023 May
 Brookfield (Milwaukee Area)**
 Week 1: May 9, 10, 11
 Week 2: May 16, 17, 18
 Week 3: May 23, 24, 25

**2023 July
 Virtual**
 Week 1: July 11, 12
 Week 2: July 18, 19
 Week 3: July 25, 26
 Week 4: August 1, 2

**2023 October
 Deforest (Madison area)**
 Week 1: October 17, 18, 19
 Week 2: October 24, 25, 26
 Week 3: October 31, Nov 1, 2

Registration cutoff date: 5/1/2023

Registration cutoff date: 6/30/2023

Registration cutoff date: 10/6/2023

Payment Information:

Visa Mastercard American Express Discover

Card Number: _____ Expiration Date: _____

Cardholders Name: _____ CVV: _____

Billing Address: _____ Zip: _____

Mail or Email Registrations and Payment to:
 WALA – Wisconsin Assisted Living Association
 5325 Wall St Suite 2305 Madison, WI 53718 info@ewala.org