

Activity Director Certification



Please Check One:

- February 28-March 2 & March 14-16, 2017
 June 13-15 & June 27-29, 2017
 October 10-12 & October 24-26, 2017

8:30 a.m. - 4:30 p.m., AHCA Training Room, Suite 175
Members \$600, Non-Members \$3,000 – Lunch Included

To register, send this completed form to:

Mail: 1401 W. Capitol Ave., Suite 180, Little Rock, AR 72201 / Fax: 501-374-1077 / Email: lkindy@arhealthcare.com

The information contained herein, together with all attached documents, will be regarded as property of AHCA.

First Name _____ M. _____ Last Name _____ Last 4 digits of SSN _____

Home Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email Address (to receive confirmation, class information, and notifications) _____

Employer _____ Current Title _____

Employer's Address _____ City _____ State _____ Zip _____

Attendee's Signature _____ Date _____

PAYMENT TOTAL: \$ _____

Check #: _____ Visa Master Card American Express

Name on Card: _____ Credit Card Number: _____

Expiration Date: _____ V-Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email Credit Card Receipt to: _____

**SPACE IS LIMITED. ADVANCED REGISTRATION IS REQUIRED.
PAYMENT DUE BY FIRST DAY OF CLASS.
CONFIRMATION WILL BE SENT.**

For more information, please contact Lori Kindy, Director of Education,
501-374-4422, lkindy@arhealthcare.com