

MDS 3.0 RAC-CT Certification

Please Check One:

☐ May 30-June 1, 2017

□ November 29-December 1

Little Rock

Instructor: Sarah Riggin, RN, RAC-MT



sponsored by official training partner:

REGISTRATION

AFTER MAY 23/NOVEMBER 22, 2017 A LATE FEE WILL BE ASSESSED.

First Name	ame M.		Last Name		Last 4 digits of SSN		
Facility	ity Title/Role (ple		(please indicate if F	ease indicate if RN OR LPN)		AANAC#	
Home Addr	ess (certificate will be ma	iled to this addr	ess) City		State	Zip	
Work Phone	ork Phone Personal Phone		Email Address (login and pass		sword will be sent to this email)		
		AANAC Member*	AANAC Non-Member	*Individuals are members – not the facility. Membership is not transferable.			
AMOUNT DUE BEFORE MAY 23/NOVEMBER 22, 2 3-Day Certification \$575			\$775	*To become an AANAC member (\$119/year) and take advantage of the reduced rate, sign up at www.aanac. org. You must provide an AANAC member number to receive the discounted rate. You do not have to be an AANAC member to complete the program. Workshop			
AMOUNT DUE AFTER MAY 23/NOVEMBER 22, 201 3-Day Certification \$710 PAYMENT Check *made payable to AHCA			\$960	handouts and tests, continental breakfast and lunch will be provided all days. The AANAC Training Manua are not included in the workshop pricing and are not required for these courses.		ast and lunch aining Manuals	
□ Visa	☐ MasterCard	☐ AmEx	☐ Discover	Tota	al:		
Card #:	rd #: Exp		Exp. Date:	Sec. Code:			
Cardholde	r Name:		Billing Add	dress:			
City:	State:	ZIP:	Sią	Signature:			
Email Cred	dit Card Receipt to:						

REFUND POLICY:

The deadline to receive a refund for your registration is two weeks before the event, subject to \$50 administrative cancellation fee. Cancellations received 7 days or less prior to the event will not be eligible for a refund. Refunds will not be available for registrants who choose not to attend an event. Cancellations will be accepted in written format only, via fax or e-mail.

FOR QUESTIONS OR MORE INFORMATION: (501) 374-4422

RETURN REGISTRATION FORM TO:

fax: 501.374.1077 email: lkindy@arhealthcare.com mail: AHCA, 1401 W. Capitol Ave., Suite 180 Little Rock, AR 72201