Activity Director Certification

Please Check One:

☐ **March 7-8 & March 21-22, 2018**
☐ **June 27-28 & July 11-12, 2018**
☐ **October 18-19 & November 1-2, 2018**

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

To register, send this completed form to:
Mail: 1401 W. Capitol Ave., Suite 180, Little Rock, AR 72201 • Fax: 501-374-1077 • Email: registration@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

Mailing Address City State Zip

Cell Phone Email Address *(Confirmation and class materials will be sent to this address)*

Employer Current Title

Employer's Address City State Zip

License Number *(if applicable)* Dates of Employment

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 AND ADDITIONAL INFORMATION WILL BE SENT.

For more information, please contact the Association at 501-374-4422 or registration@arhealthcare.com.

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Phone 501-374-4422 | Fax 501-374-1077