



710 OBRECHT ROAD  
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WEBSITE: [www.crinstitute.org](http://www.crinstitute.org)

## ***MILDRED BARON SPONSORED ADVANCED TRAINING IN DEMENTIA CARE***

### **REGISTRATION INSTRUCTIONS**

To register, please complete the registration form, and return with full payment by the appropriate deadline listed below:

**SPRING SESSION REGISTRATION DEADLINE: MONDAY MARCH 26, 2012**

**FALL SESSION REGISTRATION DEADLINE: MONDAY SEPTEMBER 10, 2012**

### **COST INFORMATION**

Cost of attendance is \$1,500 per participant. This cost includes tuition, all books and training materials, and continental breakfast and lunches for each of the five days.

**One all expenses paid scholarship available for each session.**

**Discounts are also available. Please contact us for more information.**

### **RETURN REGISTRATION FORMS BY:**

**Mail: The Copper Ridge Institute  
Attn: Baron Scholar Program  
710 Obrecht Road  
Sykesville, MD 21784**

**Fax: 410-552-0344**

**Email: [ciborowa@emaseniorcare.org](mailto:ciborowa@emaseniorcare.org)**

### **Cancellation Policy**

If cancellation is made more than two weeks prior to event date, we are able to offer a full refund, minus a \$75 processing fee. We are unable to offer any refund if cancellation is made less than two weeks prior to the date of the event, but the attendee may send someone else in their place.



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## MILDRED BARON SPONSORED ADVANCED TRAINING IN DEMENTIA CARE REGISTRATION FORM

Check One:  Spring Session: April 16-20, 2012  Fall Session October 1-5, 2012

Full Name (First, MI, Last) \_\_\_\_\_

Prefix \_\_\_\_\_ First Name to Appear on Badge \_\_\_\_\_

Profession/ Job Title \_\_\_\_\_

Organization \_\_\_\_\_

Home  Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Fax \_\_\_\_\_

Email Address \_\_\_\_\_

### Special Considerations:

need special consideration explain: \_\_\_\_\_

special meal  Kosher  Vegetarian  Other \_\_\_\_\_

### Registration Fee: \$1,500

Registration covers the cost of tuition, all books and training materials, and continental breakfast and lunches for each of the five days. Registration forms received without payment will not be processed. Enclose a check payable to The Copper Ridge Institute or complete the credit card information. Faxed registrations must include credit card information.

Check  MasterCard  Visa  AMEX  Discover

Credit Card Number \_\_\_\_\_ V. Code \_\_\_\_\_

Expiration Date \_\_\_\_\_ Cardholder's Name (as printed on card) \_\_\_\_\_

***I authorize The Copper Ridge Institute to use the above credit card  
to charge \$1,500 in registration fees for participation in this program.***

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Billing address same as contact address

Billing address-*if different*

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_