



## FAX BACK REGISTRATION FORM

**Fax registration to 202-895-9484**

**DEADLINE: April 22, 2005**

Please photocopy for additional registrants, if necessary

I am a (please check one):

Physician                       Nurse  
 Nurse Practitioner           Case Manager  
 Nursing Home Admin.         Social Worker  
 Dentist                          Student    Program/Major: \_\_\_\_\_  
 Other: \_\_\_\_\_

.....  
PLEASE PRINT LEGIBLY:

NAME \_\_\_\_\_  
*Print as you wish to be recorded on official documents with credentials*

Organization/Affiliation \_\_\_\_\_

Position Title \_\_\_\_\_ Discipline \_\_\_\_\_

Street Address (check if home address / / ) \_\_\_\_\_

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

Work Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

We request that you provide the following information about yourself for our reporting purposes:

Please check your ethnicity:

African American     Hispanic     Asian     Caucasian  
 American Indian/Alaska Native     Native Hawaiian/Pacific Islander     Other (specify)

Please check your age range:     Under 20     20-29     30-39     40-49     50-59     60+

Do you work in an underserved area?     Yes     No

Please check the population you work with:

African American     Hispanic     Asian     Caucasian  
 American Indian/Alaska Native     Native Hawaiian/Pacific Islander     Other (specify)

Approximately how many of your clients receive Medicare or Medicaid, or are uninsured (estimates):

Medicare	<input type="checkbox"/> 0-25 %	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
Medicaid	<input type="checkbox"/> 0-25 %	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
Uninsured	<input type="checkbox"/> 0-25 %	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%



**If you are requesting CEUs for the PDP/FEC, please check one of the boxes below and enclose a check with your registration:**

- \$100 Professional Development Program (no CEUs)
- \$125 PDP + CEUs
- \$65 Fellows Education Continuum (no CEUs): PDP graduation date:  
Spring \_\_\_\_\_ Fall \_\_\_\_\_
- \$90 FEC + CEUs
- \$45 Enrichment Series *Only* (no CEUs; this cost included in fees for PDPs and FECs)
- \$65 Enrichment Series *Only* + CEUs

*Please make check payable to WAGECC*

**Circle one of the following for CEU category:**

**Social Work — Nursing — Dentistry — Counseling — Nursing Home Administration**

**Four people or more registering from one organization may request group rates.  
Please call us for more information.**

*Questions? Call Nadir Hammons at 202-895-9486  
or email [nadir@gwu.edu](mailto:nadir@gwu.edu)*

**Mail registration and check to –**

**WAGECC - PDP  
4125 Albemarle St., NW - #217  
Washington, DC 20016**