

FAMILY CAREGIVER EDUCATION SERIES REGISTRATION FORM

Name: _____

Address: _____ Postal Code _____

Home Phone: _____ Other Phone: _____

Email Address: _____

I am currently the primary caregiver of an ill family member or friend Yes No

Please describe what information or resources you hope to learn about during the sessions.

Note: Registration fee of \$45 covers all materials and refreshments.

Payment Options:

Cheque payable to Chilliwack Hospice Society: Cheque Cash (do not mail)

Credit Card # _____ Expiry Date: _____ / _____

Name on Card _____ Signature _____

I hereby grant permission for photographs taken of me during the course, and/or my written evaluation comments, to be published and used for educational purposes and/or to promote the programs and services of the Chilliwack Hospice Society. Yes No

I would like to receive a newsletter and be added to your email distribution list. Yes No

Print this form drop off, mail or fax with payment to:

Chilliwack Hospice Society 45360 Hodgins Avenue Chilliwack BC V2P 1P5 Fax: (604)795-2476