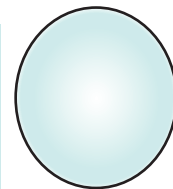


✓ Please check the classes you would like to attend.

Registration



July 2009				
HIV/Aids Overview		7-01-09	Wed.	5:30pm - 7:00pm
Chronic Pain Management		7-8-09	Wed.	5:30pm - 7:00pm
Points for Providing Personal Care (6045 Watt Av, North Highlands)	<input type="checkbox"/>	7-13-09	Mon.	5:30pm - 7:30pm
Wheelchair Maintenance		7-15-09	Wed.	5:30pm - 7:30pm
Sleep Disturbances		7-22-09	Wed.	5:30pm - 7:30pm
APS Reporting & Fraud Abuse Reporting		7-29-09	Wed.	5:30pm - 7:30pm
August 2009				
Conservatorships, Trusts & Future Planning		8-5-09	Wed.	5:30pm - 7:30pm
Foot Care: Prevention and Treatment		8-12-09	Wed.	5:30pm - 7:30pm
An Overview on Mental Health		8-19-09	Wed..	5:30pm - 7:30pm
Home Safety and Universal Precautions	<input type="checkbox"/>	8-25-09	Tues.	5:30pm - 7:30pm
Grief and Bereavement		8-26-09	Wed.	5:30pm - 7:30pm
September 2009				
Community Resources to the Rescue!	<input type="checkbox"/>	9-8-09	Tues.	5:30pm - 7:30pm
Understanding Alzheimer's and Dementia		9-15-09	Tues.	5:30pm - 7:30pm
Family Caregiver Orientation		9-22-09	Tues.	5:30pm - 7:30pm
October 2009				
How Alta Regional Can Assist Caregivers		10-7-09	Wed.	5:30pm - 7:30pm
How to Talk to Your Doctor	<input type="checkbox"/>	10-28-09	Wed.	5:30pm - 7:30pm
November 2009				
Managing Chronic Pain		11-4-09	Wed.	5:30pm - 7:30pm
Nutrition for the IHSS Consumer	<input type="checkbox"/>	11-17-09	Tues	5:30pm - 7:30pm
December 2009				
Smile: Tips and Tricks about Dental Care		12-2-09	Wed.	5:30pm - 7:30pm
Mobility and Fall Prevention	<input type="checkbox"/>	12-8-09	Tues.	5:30pm - 7:30pm

**To enroll in classes, complete and return the Education Registration Form.
 If you hear about a class and have not had time to register for the class, please feel free to show up at the class and sign your name clearly on the class sign-in sheet.
 For more information about our caregiver classes, please call: (916) 876-5173.**

PLEASE FILL OUT ENTIRE PAGE AND FAX OR MAIL TO THE ADDRESS ON THIS FORM	
Name:	Please Print Clearly!
Address:	
City, State, Zip:	
Phone #:	<i>Complete ENTIRE page and fax or mail it to the address below. Enrollment is limited. You will receive confirmation. The last 6 numbers of your social security number are required to verify eligibility.</i>
E:mail:	
Last 6 of SSN:	
	XXX-____-_____

3700 Branch Center Rd. Ste. A ❖ Sacramento, CA 95827 ❖ Fax: (916) 875-0946
 Training line- (916) 876-5173