

**Wisconsin Family Care Consumer Corp Training Program  
Registration—Beaver Dam, June 26, 2007**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are You Representing People: Over the Age of 60? \_\_\_\_\_ and/or Disabled? \_\_\_\_\_

Organization/s You Are Representing: \_\_\_\_\_

**The Following are optional:**

Do You Have any Prior Knowledge of Family Care? Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you Plan to use the Information You Learn From this Training? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please List any Special Needs Accommodations That You Require: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Return to:**

**CWAG-Family Care Consumer Corp Training  
2850 Dairy Dr.  
Madison, WI 53718**

**Questions:**

Call Glenna at 800-366-2990 or 608-224-0606, Ext. 326  
Or e-mail to: [glennas@cwag.org](mailto:glennas@cwag.org) or Fax to: 608-224-0607

