

**Wisconsin Family Care Consumer Corp Training Program
Registration—Milwaukee, June 27, 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 or Fax to: 608-224-0607**

