

## ***PREPARE TRAIN-THE-TRAINER REGISTRATION FORM***

Please complete the following information to register for the PREPARE train-the-trainer workshop. Workshops are held from 8:00 a.m. to 4:30 p.m.

**Dates:**

**Location:**

**How did you hear about PREPARE?**

- Mailing
- Phone call
- Informational ad – Please specify: \_\_\_\_\_
- Article in journal/newspaper – Please specify: \_\_\_\_\_
- National/state conference – Please specify: \_\_\_\_\_
- Other – Please specify: \_\_\_\_\_

**Organization Information**

Organization/Residence \_\_\_\_\_

Address (street) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Please indicate if your organization is a member of AAHSA: \_\_\_\_\_ Yes \_\_\_\_\_ No

Size of facility (number of residents and staff) \_\_\_\_\_

Type of organization:  Not-for-profit  For profit

Is your facility part of a chain?  Yes  No

**Please check one of the following categories that best describes your LTC organization:**

- CCRC (provides care across LTC continuum)
- Senior Living Community (independent/assisted living)
- LTC Community
- Home Health Agency (at least 50% of clients are seniors)
- Other – Please specify: \_\_\_\_\_

What type of environment is your facility located in?  Rural  Urban  Other \_\_\_\_\_

Number of staff: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Volunteers \_\_\_\_\_

- It is recommended that attendees complete **two online FEMA courses** (IS 100 and IS 700) prior to the PREPARE train-the-trainer workshop. These two courses are **free** and introduce participants to the federal disaster preparedness program. These courses may be accessed through these links: <http://www.training.fema.gov/emiweb/is/is100.asp> and <http://www.training.fema.gov/emiweb/is/is700.asp>. Follow the onscreen instructions to register for and complete the courses.
- MLIA will not share any identifiable data provided by the participating LTC organizations with other organizations.

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### **Pricing – per attendee**

**PREPARE is offered at \$395.00 per attendee.** All training materials are provided. Please make your check payable to “Mather LifeWays Institute on Aging” and send to *Mather LifeWays, 1603 Orrington Avenue, Suite 1800, Evanston, IL 60201.*

### **At least one of the attendees should be a licensed professional – preferably a Registered Nurse**

<b>Attendee 1 Name</b> _____	<b>Attendee 2 Name</b> _____
Position _____	Position _____
Phone Number _____	Phone Number _____
E-mail address _____	E-mail address _____
License Number _____	License Number _____
<b>Attendee 3 Name</b> _____	<b>Attendee 4 Name</b> _____
Position _____	Position _____
Phone Number _____	Phone Number _____
E-mail address _____	E-mail address _____
License Number _____	License Number _____

### **FOR ADMINISTRATORS:**

Mather LifeWays, d.b.a. \_\_\_\_\_ (Organization)  
MATHER LIFEWAYS INSTITUTE ON AGING \_\_\_\_\_ (print name)  
\_\_\_\_\_ (signature)

### ***ADMINISTRATOR***

\_\_\_\_\_ (street address)  
\_\_\_\_\_ (city, state, zip)  
\_\_\_\_\_ (phone)  
\_\_\_\_\_ (fax)  
\_\_\_\_\_ (e-mail)

To **complete the registration process**, send this registration form and letter of agreement to:

Andrew Small  
Administrative Assistant  
Mather LifeWays Institute on Aging  
1603 Orrington Avenue, Suite 1800  
Evanston, IL 60201  
T: (847) 492.6815  
F: (847) 492.6789  
asmall@matherlifeways.com