

## Rise Up, Leader Cohort 2024 Registration Form

### REGISTRANT INFORMATION

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

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

City, State, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

May we text this number?  Yes  No

What type of business do you have? \_\_\_\_\_

How long have you been supervising Aging Life Care Managers or other staff? \_\_\_\_\_

What is your biggest obstacle? \_\_\_\_\_

What is your toughest Management Conundrum? \_\_\_\_\_

What is your personal goal for this Rise Up, Leader Cohort? \_\_\_\_\_

What do you hope to get out of your participation? \_\_\_\_\_

### Two pricing options - pay in full at the time of registration and save!

Full payment with Registration – Members \$4,800 / Non-Members \$5,405

11 monthly installments (first due at time of registration + 10 monthly w/cc on file) –  
Members \$450 per month (total of \$4,950) / Non-Members \$505 per month (total of \$5,555)

If you want to hear more or have questions, contact [chris@wideawakebusiness.com](mailto:chris@wideawakebusiness.com)

### PAYMENT:

I understand this is an 11-month commitment and guarantee payment in full. ALCA will process the remaining 10 monthly payments to the credit card below around the 15th of each month for the remainder of the agreement.

**Credit Card** (circle one)  VS  MC  AMEX

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date \_\_\_/\_\_\_ CVV \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this form and return to [aschachter@aginglifecare.org](mailto:aschachter@aginglifecare.org) or by fax 520.325.7325.