

Rise Up, Leader Cohort 2023 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

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 or by fax 520.325.7325.