



**Powerful Tools for Caregivers
Class Registration Form**



Class Details Location

Place:

Address: City: State: Zip:

Dates:

Time:

Class Contact Person

Name: _____

Address: _____

Phone: _____ Fax: _____

Email address: _____

Class Instructor(s)

Name: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

Sponsoring Organizations: Please List All ~

Please return this form to: Deb Brunner ~ debrab@bethany-home.com Bethany Inc., 1226 Berlin Street Waupaca, WI 54981 715-942-143 or 715-310-5521

