

# The Academy for Older Adult Wellness



## 1. Participant Information

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Home Address \_\_\_\_\_  
street / city / state / zip

Employer/Organization \_\_\_\_\_

Work Address \_\_\_\_\_  
street / city / state / zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_ Birthday \_\_\_\_\_

Emergency Contact Name/Phone \_\_\_\_\_

## 2. Class Choices

### Introduction to Falls Prevention Programming Workshop .7 CEU

Class Date	EARLY Registration Deadline	EARLY Fee \$75	Regular Fee \$100
Sept. 8, 2015	July 28, 2015	_____	_____
Jan. 25, 2016	Dec. 14, 2015	_____	_____
May 9, 2016	April 28, 2016	_____	_____
Sept. 12, 2016	Aug. 1, 2016	_____	_____

### Leader/Coach Training - A Matter of Balance .7 CEU

Class Date	EARLY Registration Deadline	EARLY Fee \$83	Regular Fee \$110
Sept. 9, 2015	July 28, 2015	_____	_____
Jan. 26, 2016	Dec. 14, 2015	_____	_____
May 10, 2016	April 28, 2016	_____	_____
Sept. 13, 2016	Aug. 1, 2016	_____	_____

### Instructor Training - N'Balance™ 2.9 CEUs

Class Dates	EARLY Registration Deadline	EARLY Fee \$465	Regular Fee \$620
Sept. 10-13 2015	July 28, 2015	_____	_____
Jan. 27-30, 2016	Dec. 14, 2015	_____	_____
May 11-14, 2016	April 28, 2016	<b>CANCELLED</b>	_____
Sept. 14-17, 2016	Aug. 1, 2016	_____	_____

### Instructor Training - Tai Chi for Arthritis for Falls Prevention 1.6 CEUs

Class Dates	EARLY Registration Deadline	EARLY Fee \$248	Regular Fee \$330
Oct. 1-2, 2015	Aug. 18, 2015	_____	_____
Class Dates	EARLY Registration Deadline	EARLY Fee \$263	Regular Fee \$350
Jan. 25-26, 2016	Dec. 14, 2015	_____	_____
May 9-10, 2016	April 28, 2016	_____	_____
Sept. 12-13, 2016	Aug. 1, 2016	_____	_____

## 3. Payment

Total SECTION 2. \_\_\_\_\_

- ☐ Cash/Check Enclosed  
☐ Invoice my organization; to the attention of: \_\_\_\_\_

☐ Visa ☐ Mastercard ☐ Discover

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CID Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Billing Address/ZIP: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

- ☐ Check here if you have a condition or need which may require an accommodation and send a written description of your needs to Pam Allen (address above) at least 2 weeks prior to your class.

I request:

- ☐ Vegetarian Meals  
☐ Gluten Free Meals

### Registration Instructions:

Online at [www.coaw.org](http://www.coaw.org)

Fax THIS FORM to: 303-984-5962

Mail THIS FORM to:

Consortium for Older Adult Wellness  
2575 S. Wadsworth Blvd.  
Lakewood, CO 80227

### Cancellation/Refund Policy

- More than 6 weeks prior to the 1st day of class, you will receive a refund minus a \$25 administrative fee
- 4 - 6 weeks refund minus \$50 administrative fee
- 4 weeks prior to 1st day of class, NO REFUND
- Refund request must be received in writing.

**PRESS RELEASE WAIVER** - I authorize, allow and release to COAW the unlimited publication, broadcast, transmission, re-transmission and/or other form of reproduction of any and all audio, video and photographic images without payment of compensation or royalties. COAW will not sell or provide any information or images to any other agency or organization. **Your waiver is given by completing this form and registering for The Academy for Older Adult Wellness UNLESS you inform COAW otherwise in writing.**