

**New Medicare Supplemental Adult Day Services Benefit
WEBINAR REGISTRATION AND PAYMENT**

Member \$29 | Non-Member \$199 Per Registrant

Center Name: _____

*Registrant's Name: _____

*Registrant's Email: _____

*Job Title: _____

Address: _____

City/State/Zip: _____

Telephone: (____) _____

Questions/Comments: _____

* Required

Payment by CREDIT / DEBIT CARD is authorized in the amount of \$ _____

VISA Credit / Debit Card MASTERCARD Credit / Debit Card DISCOVER Credit Card American Express

Card Number: _____

Expiration (Month & Year): ____ / ____ C V V Code _____

Cardholder's Signature: _____

Name (as it appears on card): _____

Billing Address (if different from above): _____ Billing Zip: _____

Questions? Contact CAADS at (916) 552-7400 or email caads@caads.org

SUBMIT YOUR COMPLETED FORM BY DECEMBER 12 TO:

CAADS • 1107 9th Street, Suite 701 • Sacramento, CA 95814 or FAX to: (866) 725-3123