

**REGISTRATION FORM  
FALL SEMINAR 2017**

Have a question?  
[tsawicki@whiteoaksrehab.com](mailto:tsawicki@whiteoaksrehab.com)  
or ask for  
Teresa at 516-367-3400



Please Complete Entire Form

Name \_\_\_\_\_

Facility \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

\$60.00 Member    \$98.00 Non Member (Circle One)

If you have not paid your dues for **2017**, please pay Non Member fee or  
renew membership for \$25.00. (See form on reverse to renew membership)

CEUs .6

CEUs \$8.00 (Circle One)    YES    NO

TOTAL: \_\_\_\_\_

Don't forget to include payment for CEUs.

**Please Make Checks Payable to TRALI.**

Send this form and payment to: **Teresa Sawicki,CTRS**  
**White Oaks Rehabilitation & Nursing**  
**8565 Jericho Tpke.**  
Woodbury, NY 11797

**Please register by: November 1, 2017 Registrations at the door will not  
be accepted.**