

Send payment to Sinclair Home Care, Sinclair School of Nursing
c/o Kari Lane
University of Missouri
Columbia, MO 65211

laneka@missouri.edu
573-882-0285

Organization _____ Contact Person _____

How many persons will be attending? _____

List all names of attendees _____

Email addresses of all attendees:

Organization Address _____

City _____ Country _____ State ____ Zip _____

Background Information

a) Please describe the facility you currently serve/intend to serve?

b) What is your organization/community's strength(s)?

c) How many years has your organization been in existence?

Which model sharing experience are you interested in?

Introductory Institute \$250 per person

Group Rate for Introductory Institute (Day 1 – October 18th)

(6 or more persons) - \$1250

In-depth Institute (Day 2 – October 19th) \$250 per person (registration fee is waived for Americare leadership) Americare Affiliation _____

___ **Group Rate for In-depth Institute** (6 or more persons) - \$1250

Do you want more?

___ **Policies and Procedures** - \$5000

___ **Care Coordination Decision Trees** - \$5000

___ **Technology Train the Trainer** – as priced with technology contracts link to technology contract pricing

What element(s) of the TigerPlace Aging in Place Model most interest you and why?
