

Additional Considerations:

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|------------------------------------|--|---------------------------------|---|
| <input type="checkbox"/> CPR | <input type="checkbox"/> LPN | <input type="checkbox"/> RN | <input type="checkbox"/> Driver's License |
| <input type="checkbox"/> Drug Free | <input type="checkbox"/> Pass Screenings | <input type="checkbox"/> Bonded | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Certified | <input type="checkbox"/> Reliable auto | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Mail to: Caregiving Conference, c/o SMIEI, 410-09 Blanding Blvd., #303, Orange Park, FL 32073

Attach the Care Match Application with the registration form

___ \$20.00 Fee Attached ___N/A \$20 fee if attending seminar session