

## 2008 CASP Spring Institute Registration Form

Mail complete registration form with payment to:  
**University of North Texas**  
**CLAS Office – Applied Gerontology**  
**P.O. Box 310919**  
**Denton, TX 76203-0919**

Prefix  Mr.  Mrs.  Ms.  Other:

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address (for shipping) \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_

E-mail Address \_\_\_\_\_

### TAKE ALL THREE COURSES AND SAVE!

Registration Fee (please check)		After April 11
All three courses	<input type="checkbox"/> \$1395	<input type="checkbox"/> \$1495
Course I: May 12-13	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
Course II: May 14-15	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
Course III: May 16-17	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600

Bring a team of 3 or more from the same organization and enroll in all three courses to receive a 10% discount. All registrations must be faxed or mailed together along with the group discount form to receive this promotional discount. Please contact the CLAS office for the group discount form that must accompany registration forms.

#### Method of Payment

Please enclose **TWO** separate checks: one for the candidacy application and one for registration.

Check enclosed (make both checks payable to University of North Texas)

Please charge to the following credit card

VISA  MasterCard  American Express  Discover

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Cardholder (as it appears on card) \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

Do you have a disability that will require accommodations under the terms of ADA/504?  Yes  No Request for accommodation must be on file.  
 For further assistance, contact the CLAS Office at 940.565.2733 TTY 800-RELAYTX

**PLEASE DUPLICATE THIS FORM AS NEEDED**

## CASP Candidacy Application Form

Certifies Aging Services Professional  
 (formerly RHP Certification)

Prefix  Mr.  Mrs.  Ms.  Other:

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_ Owned By \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

Organization Website \_\_\_\_\_

Home Address \_\_\_\_\_

Home City/St/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

#### Please submit a resumé reflecting work and educational experience.

Is your organization an AAHSA Member? Yes  No   
 Are you a UNT Alumnus/na? Yes  No   
 Is your organization CARF-CCAC accredited? Yes  No   
 Is your organization not-for-profit? Yes  No   
 Does your job require CASP certification? Yes  No   
 How many years have you worked in the field of aging services? \_\_\_\_\_

What is your primary responsibility? Type of Organization Number of Units  
 (check only one if CCRC)

- |  |  |   |  |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|
| <input type="checkbox"/> Management    | <input type="checkbox"/> CCRC              | <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> |  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |  |
| <input type="checkbox"/> Budgeting     | <input type="checkbox"/> Assisted Living   |   |  |  |  |  |  |  |  |
| <input type="checkbox"/> Marketing     | <input type="checkbox"/> Supportive Living |   |  |  |  |  |  |  |  |
| <input type="checkbox"/> Board Liaison | <input type="checkbox"/> HUD-Financed      |   |  |  |  |  |  |  |  |
| <input type="checkbox"/> Other _____   | <input type="checkbox"/> Market Rate       |   |  |  |  |  |  |  |  |
|  | <input type="checkbox"/> Nursing Facility  |   |  |  |  |  |  |  |  |
|  | <input type="checkbox"/> Other _____       |   |  |  |  |  |  |  |  |

#### Method of Payment

Please enclose **TWO** separate checks: one for the candidacy application and one for registration.

Check enclosed (make check payable to University of North Texas in the amount of \$130.00)

Please charge \$130.00 to the following credit card

VISA  MasterCard  American Express  Discover

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Cardholder (as it appears on card) \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

#### SUBMIT FORM AND PAYMENT TO:

University of North Texas, CLAS Office – Applied Gerontology  
 PO Box 310919, Denton TX 76203-0919  
 FAX: (940)369-7271