



About Fall Forum

Fall Forum is in its 15th year of providing administrators and caregivers in the field of residential health & supportive services with best practices, through educational discussions led by leading professionals in the industry.

This event also benefits Volunteers of America Southwest's Troy Center for Supportive Living, and Carlton G. Luhman Center for Supportive Living.

Space is limited!

Please submit the registration form by **November 1st** to guarantee your seat!

Registration is not complete until receipt of payment.

Make checks payable to:
Volunteers of America Southwest

Mail or fax form to:
Volunteers of America Southwest
Attn: Fall Forum
3530 Camino Del Rio North, #300
San Diego, CA 92108

Fax: 619.282.8262

www.voasw.org

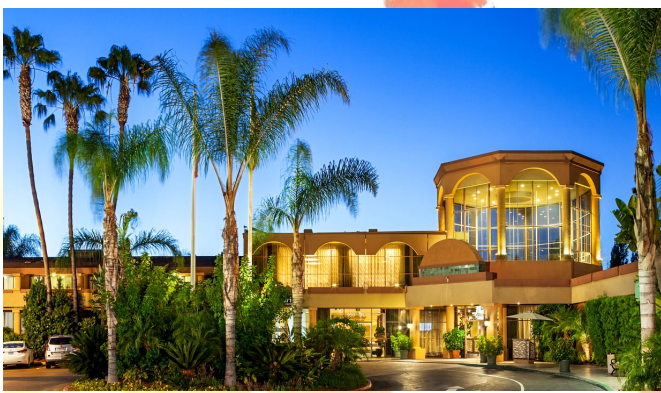


**Volunteers
of America®**

SOUTHWEST

**15th Annual Fall
Forum on
Residential
Health**

**New Skills
Training**



15th Annual Fall Forum on Residential Health

November 3rd, 2017, 9 am – 4 pm

\$30 Pre-Registration | \$60 Front Door

Handlery Hotel
950 Hotel Circle North
San Diego, California 92108

**Continental Breakfast,
Informational Exhibits & Lunch
Provided**



How Providers Benefit from Fall Forum

Fall Forum is ideal for ARF / RCFE administrators, staff, and caregivers who work in residential facilities for the mentally ill & developmentally disabled, or providers of residential care for the elderly.

Providers can also earn 6 CEUs for the full day. Six sessions will be presented by Michael Goryan, MA, and Michelle Herman, RCFE Administrator, leading professionals in residential health and supportive services.

**For more information, contact
Denise Shannon:**

dshannon@voa-swcal.org

P: 619.417.2447

F: 619.282.8262

www.voasw.org

Register Now!

Registrant #1 _____

Email _____

Registrant #2 _____

Email _____

Registrant #3 _____

Email _____

Registrant #4 _____

Email _____

Company _____

Address _____

City _____

State _____ Zip _____

Phone _____

Check Enclosed \$ _____

Charge my credit card for \$ _____

Circle one: Visa Mastercard Amex Discover

Card # _____

Exp. _____ (MO/YR) CVV # _____

Billing Address _____

City _____ State _____ Zip _____

Authorized Signature