**To Register – send this completed form to: NCCNHR, 1828 L Street, NW, Suite 801, Washington, DC 20036; or email** [**voice@nccnhr.org**](mailto:voice@nccnhr.org)**; or fax (202) 332-2949**

**After we receive your registration, you will receive confirmation & additional call-in details.**

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| **Name:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone:** | | | | |  | | | | | | | | | | | | | | | | | **Email:** | | | |  | | | | | | | | | |
| Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | |  | | | | | | | | | State: | | | | | | | | |  | | | | | | | | | | Zip: | |  | | |
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| Facility Name [where you, or your loved one, live(s)]: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| **Check all that apply. I am a/an:** | | | | | | | | | | | | | | |  | | Resident | | | | | | |  | | | Family Member | | | | |  | | Citizen Advocate | | |
|  | Ombudsman | | | | | |  | Resident Council Member | | | | | | | | | | | | | | | | | | | |  | Family Council Member | | | | | | |
| Other (please explain): | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If you are participating as a group, or inviting other individuals to join you on the call, how many people Including yourself, will join you on the call, sharing your line? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Below, please list the names and Title/Affiliation/Position of any people that will be joining you. (For example: resident/family member/ombudsman/social worker/etc. Use additional sheets.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name & Title/Affiliation** | | | | | | | | | | | **Name & Title/Affiliation** | | | | | | | | | | | | | | | | | | | **Name & Title/Affiliation** | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | |
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| **Do you have access to:** | | | | | | | | | Yes |  | | | No | | | |  | | | Don’t know | | | | |  | | How did you learn about the “Giving Voice to Quality” project? | | | | | | | | |
| Phone: | | | | | | | | |  |  | | |  | | | |  | | |  | | | | |  | |  | | | | | | | | |
| Internet: | | | | | | | | |  |  | | |  | | | |  | | |  | | | | |  | |  | | | | | | | | |
| Web Conferencing: | | | | | | | | |  |  | | |  | | | |  | | |  | | | | |  | |  | | | | | | | | |
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| The conference call includes information useful to residents, family members, and staff. Please describe ideas you have about how you can share the information you learn.: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Resident/Family Council Meeting | | | | | | | | | | | | | | | | | |  | | | | By talking with other residents/family members | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | By talking with facility staff | | | | | | | | | | | |  | |  | | Other (please explain): | | | | | | | | | | | |  | | | | | |