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

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

|  |  |
| --- | --- |
| **Name:** |  |
| **Phone:** |  | **Email:** |  |
| Address: |  |
| City: |  | State: |  | Zip: |  |
|  |
| Facility Name [where you, or your loved one, live(s)]: |  |
|  |
| **Check all that apply. I am a/an:** |  | Resident |  | Family Member |  | Citizen Advocate |
|  | Ombudsman |  | Resident Council Member |  | Family Council Member |
| Other (please explain): |  |
|  |
| 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: |  |  |  |  |  |  |  |
|  |
| 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): |  |