**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**

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| Name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | |  | | | | | | State: | | | |  | | | | | | | | | Zip: | | | |  | | |
| Phone: | | | |  | | | | | Email: | | | |  | | | | | | | | | | | | | | | |
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| Facility Name [where you, or your loved one, live(s)]: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| Tell us about yourself (e.g. length of stay, relationship to resident if you are a family member, | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| any other information about your nursing home experience): | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | Participant List: Please check here if you do NOT want your name and contact information included in the list that is distributed to call participants. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please check all that apply. I am a(n): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Resident | | | |  | | Resident Council Member | | | | | | | | | | |  | | Family Member | | | | | | | |
|  | |  | | | |  | |  | | | | | | | | | | |  | |  | | | | | | | |
|  | | Ombudsman | | | |  | | Family Council Member | | | | | | | | | | |  | | Citizen Advocate | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (please explain): | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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/administrators | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Other (please explain): | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How did you learn about the “Giving Voice to Quality” project? | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| Do you have access to: | | | | | | | Phone: | | |  | Yes | | |  | | No | | Internet: | | | | | |  | Yes | |  | No |