**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**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| City: |  | State: |  | Zip: |  |
| Phone: |  | Email: |  |
|  |
| Facility Name [where you, or your loved one, live(s)]: |  |
|  |
|  |
| 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): |  |
|  |
|  |
|  |
|  | 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. |
|  |
|  |
| 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 |
|  |  |  |
|  | Other (please explain): |  |
|  |
| How did you learn about the “Giving Voice to Quality” project? |  |
|  |
|  |
| Do you have access to: | Phone: |  | Yes |  | No | Internet: |  | Yes |  | No |