

## Registration Form

### Program Information

Please Select Tier:      Tier I      Tier II

Program Start Date: \_\_\_\_\_

Program Location: \_\_\_\_\_

### Participant Information

Name/Credentials: \_\_\_\_\_

Organization: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Payment Information

Please make check or purchase order for **\$1,000** for **Tier I** or **\$1,300** for **Tier II** payable to:

Arizona Healthcare Leadership Academy

**Note: Phoenix and Tucson locations offer "a send five (5) get the sixth one free"**

**Send this completed form along with your **payment (check or money order)** to:**

Arizona Healthcare Leadership Academy ...  
ATTN: Pam Carlson  
c/o The Carlson Group, LLC???  
P.O. Box 69606  
Oro Valley, AZ 85737  
(814) 286-3953 Fax

**Note: Tuition for this program cannot be classified as a charitable contribution.**

### Contact Information

For additional information, please contact:

Pamela Carlson, Program Coordinator, Arizona Healthcare Leadership Academy  
(520) 270-1541 Phone • (814) 286-3953 Fax • [azhcla@gmail.com](mailto:azhcla@gmail.com)

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