



**Eastern Carolina Council**  
Area Agency on Aging

**Chronic Disease Self Management Lay-Leader Training**  
**November 7, 8, & 14,15, 2019**  
**Registration**

Name:		
Agency:		
Address:		
Telephone:	Work:	Cell:
Email:		

Lunch will be provided all days. Do you have any dietary restrictions or preferences?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:
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<p><b>Cost (covers lunches, snacks and materials)</b></p> <p>\$150.00</p> <p>Amount Enclosed: \$ _____</p>
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Make checks payable to: Eastern Carolina Council Please print "CDSMP" on the "note" line Checks must be received by 10/19/19 Please mail this form with your payment.	Mail to: Eastern Carolina Council P.O. Box 1717 New Bern, NC 28563
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If you have questions, please contact: Andi Reese Eastern Carolina Council Area Agency on Aging (252) 638-3185 ext. 3015 <a href="mailto:areese@eccog.org">areese@eccog.org</a>	<p><b>For ECC Use Only</b></p> Date Received: Agency: Amount:
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