



September 2017 Administrator Course Application

I am applying for the HFA Course I am applying for the RCA Course

If you are not affiliated with a facility or you are paying for this course on your own, please include only your home information.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

If you are affiliated with a Health Facility, please complete the following:

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Will your facility pay the tuition? Yes No. If yes, will the Facility need an invoice? Yes No

Is your facility a HOPE, INALA or LeadingAge member? Yes No Association: _____

PAYMENT METHOD:

Only my check for the \$500 non-refundable deposit is included. Deposits are Due 08/01/2017. Final Payment Balance is due 08/28/17.

My full payment by check (**PAYABLE TO HOPE**) is included (RCA tuition is \$2,500. HFA tuition is \$3,500.) Full Payment is due 08/28/17.

Please charge my full payment to **VISA** or **MASTERCARD**. There will be a 3.75% surcharge for a credit card payment.

Credit Card #: _____ Exp Date: _____

3-digit Security Code: _____ Card Type: _____ Name on Card _____

Billing Address, State, Zip Code: _____

Send correspondence to my home address Send correspondence to my facility address

EDUCATION:

High school: School: _____

College: School: _____ Degree: _____

Post Grad: School: _____ Degree: _____

MAKE CHECKS PAYABLE TO: HOPE

Mail to completed form and payment to: Hoosier Owners and Providers for the Elderly
101 West Ohio Street
Suite 2000
Indianapolis, Indiana 46204