



Coastal Regional Commission  
Area Agency on Aging  
1181 Coastal Drive SW  
Darien, GA 31305

**Chronic Disease Self-Management  
Living Well Coastal  
Leader Registration Application**  
**CONTACT INFORMATION:**  
**RSVP BY OCTOBER 28, 2016**

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

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

Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ I have a chronic condition. (Please specify) \_\_\_\_\_

\_\_\_\_\_ I care for someone with a chronic condition. (Please specify) \_\_\_\_\_

There is no cost for organizations partnering with the Coastal Area Agency on Aging; Commitment to complete one six (6-week) workshop in your community. Please fax registration form to 912-437-0843.

**LICENSING**

Name of Organization you are representing:  
Department of Human Services: Division of Aging Services

**SPECIAL REQUESTS**

During training, if you require special accommodations due to a disability, or require any special dietary considerations (including vegetarian lunch) please specify below:

\_\_\_\_\_

\_\_\_\_\_

*I wish to register for this training and I certify that the above information is correct. I understand that I must attend all 4 days of the training to receive my certification as a group leader and complete at least one 6-week workshop.*

*Trainee Signature*

*Date*