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Florida Assisted Living Community Administrators Network

"FALCAN"

Membership in FALCAN is **FREE!**

(Please PRINT clearly)

Name_____

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Home Email_____

Date of Administrator Certification_____ (month/day/year)

Certification Number _____

(The number that appears on your Administrators Card)

To ensure that you continue to receive all updates it is important that you provide personal contact information in the event that you leave your current position.

Email your registration to: info@tomcampbellaltrainer.com or send it to:

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