

Understanding Medicare from **A** through **Z**

Date: Thursday, May 1, 2014

Time: 9:00 am- 3:00 pm

Place: Travelodge Hotel Juneau
9200 Glacier Highway
(907) 789-9700



Alaska's
Medicare
Information
Office

REGISTRATION

Please complete this registration form and send it to yvette.miller@alaska.gov or fax 907-269-2045

First Name _____ Last Name _____

Agency _____ Title _____

Mailing Address _____ Your Birthday _____

City _____ Zip _____ Email _____

Daytime Phone Number(_____) _____ Fax: (_____) _____

Please note any languages besides English that you can converse in _____

Please circle any programs you work with: Disability Social Security Medicaid Medicare
Other (Describe):

Do you consider yourself an active MEDICARE counselor? Yes No

If yes, how long have you been counseling? (approximately) _____ years _____ months

If you are not currently a Medicare counselor are you interested in becoming one? Yes No

Do you work with a specific population? Yes No If yes, please describe: _____

What other roles do you play at work? _____

What do you hope to gain from this learning experience? _____

Any specific topics would you like the trainer to address? _____

Questions about this 1 day training? Please email jeanne.larson@alaska.gov or call 1-800-478-6065