



**California Indian Manpower Consortium, Inc.  
Elders Program**



**Elder Caregiver Health and Wellness Conference Application Form**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Participant Information: Please TYPE or PRINT CLEARLY**

Name:	
Home Address:	
Mailing Address (if different from Home Address):	
Caregiving Services for which Tribe:	<input type="checkbox"/> Big Sandy <input type="checkbox"/> Berry Creek <input type="checkbox"/> Chico/Mechoopda <input type="checkbox"/> Cold Springs <input type="checkbox"/> Coyote Valley <input type="checkbox"/> Enterprise <input type="checkbox"/> Fort Bidwell <input type="checkbox"/> Mooretown <input type="checkbox"/> Pauma <input type="checkbox"/> Robinson <input type="checkbox"/> Santa Ysabel <input type="checkbox"/> San Pasqual <input type="checkbox"/> Susanville <input type="checkbox"/> Upper Lake <input type="checkbox"/> Sherwood Valley <input type="checkbox"/> North Fork, Madera, Fresno, Mariposa <input type="checkbox"/> Scotts Valley, Sonoma, Contra Costa, Lake
Telephone:	
Fax:	
Email:	
Date of Birth:	
Dietary Restrictions:	
Special Needs:	

**Emergency Contact Information: Please TYPE or PRINT CLEARLY**

Contact Name:	
Contact Phone Number:	
Contact Secondary Phone Number:	