

**National Citizens' Coalition for Nursing Home Reform (NCCNHR)**  
**Giving Voice to Quality Project**  
**“Quality Care Practices Preclude Restraint Use”**  
(2<sup>nd</sup> in series of 6)  
**Thursday, June 29, 2006, 3:00 p.m. ET – 4:15 p.m. ET**  
**Registration Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Facility Name (where you or your loved one live(s)) \_\_\_\_\_

Tell us about yourself (e.g. length of stay, relationship to resident if you are a family member, any other information about your nursing home experience): \_\_\_\_\_

**Participant List:** We plan to distribute a “participant list” to call participants. Please check here  if you do NOT want your name and contact information included in the list.

**Please check all that apply. I am a(n):**

- Resident    Resident Council Member    Family Member    Family Council Member  
 Ombudsman    Citizen Advocate    Other (please explain)

**Raising “Voices”:** The conference call will share information that will be useful to you and other residents, family members and staff. Please tell us ways that you can share the information you learn with others:

- Resident/Family Council Meeting    By talking with other residents/family members  
 By talking with facility staff/administrators    Other (please specify): \_\_\_\_\_

How did you learn about the “Giving Voice to Quality” project? \_\_\_\_\_

I participated in the 1<sup>st</sup> call in this series on Resident-directed Care Planning  Yes  No

Do you have access to: a phone?  Yes  No the Internet?  Yes  No

Register by sending your completed form to: NCCNHR, 1828 L Street, NW, Suite 801, Washington, DC 20036, or email: [voice@nccnhr.org](mailto:voice@nccnhr.org), or fax to: (202) 332-2949

You will receive a registration confirmation with additional call-in and conference details.  
Questions? Please call (202) 332-2275