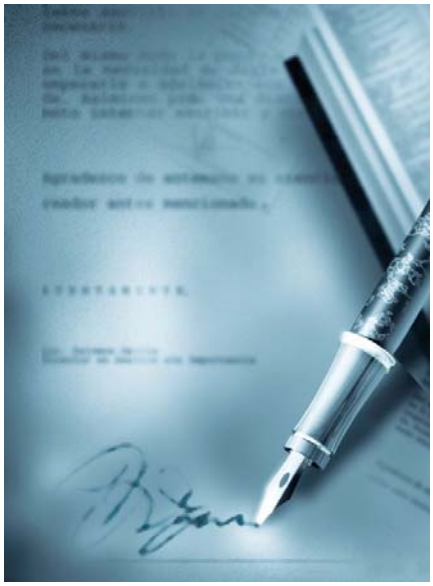
2014 Estate Planning Series

Planning for end-of-life considerations before decisions need to be made can make difficult situations a little easier for everyone involved. There are choices that we all must consider when thinking about or dealing with issues surrounding death and dying.



This series of 6 seminars will enable you and your family to make smart choices that impact the quality of your health care and considerations for end of life planning.

Class Dates:

Date	Time	Class Title	Location
October 22nd	8:30-10am	Durable Healthcare Power of Attorney	Citywide Training 1111 E. Broad St.
October 22nd	1-2:30pm	Date of Death Transfer	Citywide Training 1111 E. Broad St.
October 29th	8:30-10am	Living Will	Citywide Training 1111 E. Broad St.
October 29th	1-2:30pm	Power of Attorney	Citywide Training 1111 E. Broad St.
November 11th	1:00-2:30pm	Do Not Resuscitate	Citywide Training 1111 E. Broad St.
November 18th	1-2:3opm	Creating Your Will	Citywide Training 1111 E. Broad St.

You may take as many classes in the series as you wish.

Register by filling out the form on page 2.

THE CITY OF COLUMBUS
MICHAEL B. COLEMAN, MAYOR
DEPARTMENT OF HUMAN RESOURCES

Citywide Training & Development

healthy COLUMBUS
CITY EMPLOYEE WELLNESS PROGRAM

THE CITY OF COLUMBUS
MICHAEL B. COLEMAN, MAYOR

DEPARTMENT OF HUMAN RESOURCES

Citywide Training & Development

1111 E. Broad St. LL01
Columbus, OH 43205
Phone: 614-645-8294
Fax: 614-645-0466

Citywide Training & Development

EMPLOYEE INFORMATION Please print.

Last Name: _____ First Name: _____ Middle Initial: _____

Department: _____ Division: _____ Section: _____

Job Classification: _____ Work Location: _____ Zip: _____

Work Phone: _____ Work Fax: _____ Work Email: _____

Alternate Email:

Classes are filled on a first come, first served basis.
Registration is not complete until you receive a confirmation letter via email or written notification.
Fax your completed registration form to 614-645-0466 or email to CTD@columbus.gov.

Classes held at 1111 E. Broad St. – LL01
Make sure you display your parking permit on your dashboard.

Course	Session	Course Title	Course Date	Time	Supervisor Initials

Employee Signature (required)

_____

Supervisor Signature (required)

_____

Registrants with special needs must contact
Citywide Training and Development
two weeks in advance of class
at 645-8294 for reasonable accommodations.

Print supervisor name _____

Supervisor work email address_____

Supervisor work phone _____

City of Columbus
Michael B. Coleman, Mayor

Department of Human Resources
Chester C. Christie, Director
Jacquilla Bass, Deputy Director

Citywide Training and Development
Drema Kirkling, Citywide Training Manager
Abbie Amos, Citywide Training Coordinator
Kris Cannon, Enterprise Training Coordinator
Ric Morrison, Registrar/Training Assistant

Please provide CTD with at least a 48 hour cancellation notice so that wait listed individuals may enroll in a class.

06-25-2013

Now accepting all major credit cards, checks and/or money orders as forms of payment.