

AHCA/NCAL 2009 Independent Owner Leadership Conference Registration Form

Register only one person per form.

Full Name _____

Nickname for Badge _____

Title _____

Organization Name _____

Organization Address _____

City/State /Zip Code _____

Telephone _____ Fax _____

E-mail _____

Contact Name (if different from Registrant) _____

Do you require any special accommodations? Yes No If so, please specify _____

PROVIDER TYPE (check all that apply)

- Nursing Facility
- Assisted Living
- Residential Care
- ICF/MR
- Other

STATUS:

- For Profit
- Not for Profit

FACILITY PROFILE:

Total Number of Beds/Units _____

States Operating In (list each state) _____

REGISTRATION TYPE:

Advance Registration (Postmarked by 2/22/09)

- AHCA/NCAL Member \$425.00
- Each Additional Member \$375.00
- Non-Member \$625.00
- State Affiliate Staff \$250.00

On-Site Registration

- AHCA/NCAL Member \$500.00
- Each Additional Member \$450.00
- Non-Member \$675.00
- State Affiliate Staff \$250.00

TOTAL PAYMENT: \$ _____

Payment Options

- Check Enclosed (Payable in U.S. Dollars to American Health Care Association)

Please Charge My:

- American Express
- Visa
- Mastercard

Account Number _____

Expiration Date _____ Security Code _____

Name as it Appears on Card _____

Signature of Cardholder _____

Billing Address _____

Online: www.ahcancal.org/events/io_conference

Fax: 202-898-6302 (credit card only)

Mail application and payment to:

AHCA/NCAL Registration Office
1201 L Street, NW
Washington, DC 20005

Registrations without payment will not be processed.