

South Central Chapter of Aging Life Care Association

ALCA OFFICE USE ONLY

Date Rec'd _____

Payment Rec'd _____

Presents:

Care Managing the Modern Family



REGISTRATION FORM

Please type or print clearly. One form per person.

Name _____ Nickname (for badge) _____

Company/Agency _____ Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Email _____

EMERGENCY CONTACT Name _____ Phone _____ Relationship to You _____

_____ Please update my contact information for the ALCA database as listed above.

_____ I have a disability/special need that may require special accommodations in order for me to participate fully. Please contact me.

First Time Attendee _____ Yes _____ No

Conference Registration includes the Opening Reception, General Sessions, Breakouts, and regular meal functions.

Continuing Education Certificates

All CE certificates are included in your registration fee when pre-ordered and will be distributed in your registration packet. Additional and/or replacement certificates will be available at a cost of \$25 each.

I need (Please check all that apply and provide your license number where indicated):

NACCM Care Manager Certified (CMC)

Certified Case Manager (CCM)

NASW Social Work/License # _____

Nursing/License # _____

Please register online at aginglifecare.org or complete the Registration Form and return with check payable to ALCA or charge below to:

VISA/MC/AMEX # _____ Exp. _____

Card Holder's Name _____ Signature _____
(please print)

MAIL TO: ALCA-2018 Conference Registration | 3275 W. Ina Road, Suite 130 | Tucson, AZ 85741 | 520.881.8008 | 520.325.7925 FAX

REFUND POLICY: No refunds will be issued after October 30, 2018. Cancellations before that date will receive a refund minus a \$50 administrative fee. Substitutions are welcome. Changes or Cancellations must be made in writing to the ALCA office.

Registration Form (Continued)

_____ Name Here

Conference Registration Fees

On or before Sept. 30, 2018 After September 30, 2018 After October 30, 2018 OR On-site

ALCA Member/Corporate Partner Registration _____	\$150 _____	\$175 _____	\$195 _____	= \$ _____
Non-Member Registration _____	\$175 _____	\$200 _____	\$220 _____	= \$ _____
Student _____	\$25 _____	\$35 _____	\$45 _____	= \$ _____

One-Day Registration Fees

MEMBER/CORPORATE PARTNER

Friday ____ \$100 – includes continental breakfast and lunch _____ = \$ _____

Saturday __ \$100 – includes continental breakfast and lunch _____ = \$ _____

NON-MEMBER

Friday ____ \$125 – includes continental breakfast and lunch _____ = \$ _____

Saturday __ \$125 – includes continental breakfast and lunch _____ = \$ _____

STUDENT

Friday ____ \$45 - includes continental breakfast and lunch _____ = \$ _____

Saturday __ \$45 – includes continental breakfast and lunch _____ = \$ _____

Special Dietary Needs * Special meals are available for lunch only.

_____ Vegetarian

_____ Gluten Free

_____ Kosher - \$25 additional fee per meal will apply.

Please indicate day(s) Kosher lunch required ____ Friday __ Saturday _____ @ \$25 _____ = \$ _____

Guest Meal Tickets (For Non-Conference Attendees)

_____ Thursday PM Reception _____ \$75 _____ = \$ _____

_____ Friday AM Continental Breakfast _____ \$30 _____ = \$ _____

_____ Friday PM Lunch _____ \$50 _____ = \$ _____

_____ Friday PM Happy Hour _____ \$75 _____ = \$ _____

_____ Saturday AM Continental Breakfast _____ \$30 _____ = \$ _____

_____ Saturday PM Lunch _____ \$50 _____ = \$ _____

TOTAL _____ = \$ _____