

INNOVATE
Collaborate &
INSPIRE

October 25- 27, 2018
Knoxville, TN

AGING (i)fe CARE®
ASSOCIATION
SOUTHEAST CHAPTER

2018 Regional Conference

REGISTRATION FORM

Please type or print clearly. One form per person.

Name: _____

Nickname (for badge) _____

Company/Agency: _____

Address: _____

Telephone Number: () _____ E-mail: _____

Please update my contact information for the Aging Life Care Association 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

In Case of Emergency, Please Contact:

Name: _____

Phone: _____

Relationship to you: _____

[CLICK HERE](#)

to register on-line or complete and return this form with a check payable to AGING LIFE CARE ASSOCIATION or charge below to

Visa/MC/Amex #: _____ Exp: _____

Name on Credit Card: _____ Signature: _____

Mail to: ALCA, 3275 W. Ina Road, Suite 130, Tucson, AZ 85741

On memo line write "Southeast Conference Registration"

Refund Policy: No refunds will be issued after October 12, 2018. Cancellations before that date will receive a refund minus \$50 administration fee. Substitutions are welcome.

CONFERENCE REGISTRATION FEE

On or before Oct. 5

After Oct. 5

Member & Corporate Partners

\$150

\$200

Non-Member

\$200

\$250

CEU Certificates: NACCM (CMC) CCMC NASW Social Worker License # _____

We will be having a fun interactive session during the Conference. To help us plan for this, please tell us your favorite genre of music (jazz, hip hop, country etc). _____

Dietary Needs: Gluten Free Vegetarian Other _____