registration *form*

INALA Indiana Assisted Living Association · HOPE Hoosier Owners & Providers for the Elderly · iahsa

1 **General Information:** Complete this form, and fax to 317-733-2385, then mail a copy to IAHSA Spring Conference, P.O. Box 68829, Indianapolis, IN 46268. You will receive a confirmation letter after your registration is processed. We suggest that you fax your registration before the March 12, 2010 deadline. Please make checks payable to IAHSA and register EARLY!

Facility: ❑ IAHSA Member ❑ INALA Member ❑ HOPE Member ❑ ACHCA Member ❑ Non-Member

Mailing Address: **City:** **State:** **Zip:**

Phone: **Fax:** **Email:**

2 **First & Last Name** Please type or print your name as it should appear on your name badge.

3 **Email Address** This is required for important reminders.

Educational Session Choices Write the number of the session you will attend & whether you plan to attend special events.

First & Last Name	Email Address	MONDAY Session 1	MONDAY Keynote	MONDAY Trade Show	MONDAY Session 2	MONDAY Session 3	MONDAY Reception (no fee)	TUESDAY Exec Brkfst ($10 fee)	TUESDAY Session 4	TUESDAY Session 5	TUESDAY Closing & Lunch
Sample: Who Decides	wdecides@iahsa.com	1B	Yes	Yes	2D	3D	Yes	Yes	4A	5C	Yes

4 **Registration Fees/Payment:** All fees are priced on a per person basis, unless otherwise specified. The Member Fee is available to all IAHSA, INALA, HOPE, & ACHCA members. The Samaritan Fee is for IAHSA members who are also members of the Samaritan Alliance. Once you have completed this form, please fax it to IAHSA at 317-733-2385 to confirm your reservation.

	Member	Samaritan	Non-Member	Amount Due
Individual: Monday, Tuesday	$249	$125	$310	$ _____
Individual: Monday Only	$189	$95	$235	$ _____
Individual: Tuesday Only	$149	$75	$185	$ _____
Facility Rate (*Up to 7 People from the same facility*)	$1049	$525	----	$ _____
Facility Rate Each Extra Person	$149	$75	----	$ _____
Trade Show Vendor: Reception	$20	$20	$25	$ _____
Individual: Executive Breakfast	$10	$10	$15	$ _____
Trade Show Vendor: Exec Brkfst	$20	$20	$20	$ _____

Total Amount Due: $ _____

The amount due is the total from that column under the Registration Fees.

Four Ways to Register/Pay:

- ❑ **by FAX:** 317-733-2385
- ❑ **by MAIL:** IAHSA, P.O. Box 68829, Indianapolis, IN 46268
- ❑ **by WEB:** register on-line at www.regonline.com/iahsa
- ❑ **by CREDIT CARD:**

[❑ VISA ❑ MASTER CARD ❑ AMEX]

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Exp: _____ Signature: _____