



GENERAL INFORMATION

Registration Payment

Payment for the AHCA/AALA Annual Spring Convention & Trade Show can be made by U.S. Check, Visa, MasterCard, American Express, or Discover. If paying by check, please make payable in U.S. dollars to AHCA. All payment is due in full at time of convention.

Confirmations

Registration confirmations will be e-mailed to you. For registration questions, contact the Association office at (501) 374-4422 or registration@arhealthcare.com.

Cancellations/Refunds for Registration

- All payment is due in full at time of convention.
- Refunds will only be issued in the event of surveyors in building at the time of the convention.
- Payment for hotel rooms must be made directly to the hotel.
- Purchase of State Queen tickets does not give entrance into trade show, education classes or grant CEUs.
- All registered attendees must scan out of classes in order to receive credit.

AHCA/AALA is not responsible for travel, hotel, or other costs incurred by participants in the event of program or registration cancellation.

Appropriate Dress

Business-casual attire is suitable for all meetings, sessions and events. Wednesday is Team Day and facilities are encouraged to dress in 80's style clothing. Please keep the attire "trade show appropriate." Please remember to bring a sweater or jacket for air-conditioned rooms.

CONVENTION DEADLINES

April 17: Early Bird Registration Deadline

April 24: On-Site Registration Opens

REGISTRATION PACKAGE BENEFITS

Full Registration

- CEUs for Administrators & Nurses
- Admission to all educational sessions (Tuesday, Wednesday & Thursday)
- Admission to Trade Show (Tuesday & Wednesday)
- Admission to State Queen Pageant Luncheon (Tuesday)
- Lunch (Wednesday)

Wednesday Only Registration

- Must have at least one attendee with full registration from member facility
- Options with or without CEUs
- Lunch (Wednesday)

Thursday Only Registration

- Member and Non-Member
- Must have at least one attendee with full registration from member facility
- No CEUs

Guest Tickets

- Admission to the AHCA/AALA State Queen Pageant

By registering for and/or attending the event, I acknowledge and agree that photographs, video, and other recordings of the event may be taken by AHCA/AALA or parties acting on behalf of AHCA/AALA, and that these photographs, video, and other recordings may be used by AHCA/AALA in any media now known or later invented for any purpose related to AHCA/AALA's mission, including educational, promotional, and awareness related uses. I give to AHCA/AALA unlimited permission to use my name, likeness, image, statements, and other information I may give to AHCA/AALA, whether through registration, at the event, or otherwise, that may be necessary for AHCA/AALA to make use of its rights in the photographs, video, and other recordings.

REGISTRATION

Hot Springs
Convention Center
April 24-26, 2018



Please print clearly – your badge will reflect the information printed on the registration form. A confirmation email will be sent to the email address provided. CEUs will be mailed to the address provided following Spring Convention.

FACILITY/COMPANY: _____

MAILING ADDRESS: _____

Name: _____	<input type="checkbox"/> Full Registration	<input type="checkbox"/> Wednesday only – With CEUs
Position: _____	<input type="checkbox"/> Wednesday only – Without CEUs	
Email: _____	<input type="checkbox"/> Thursday only– Without CEUs	
	<input type="checkbox"/> State Queen Pageant Luncheon Only	

Name: _____	<input type="checkbox"/> Full Registration	<input type="checkbox"/> Wednesday only – With CEUs
Position: _____	<input type="checkbox"/> Wednesday only – Without CEUs	
Email: _____	<input type="checkbox"/> Thursday only– Without CEUs	
	<input type="checkbox"/> State Queen Pageant Luncheon Only	

Name: _____	<input type="checkbox"/> Full Registration	<input type="checkbox"/> Wednesday only – With CEUs
Position: _____	<input type="checkbox"/> Wednesday only – Without CEUs	
Email: _____	<input type="checkbox"/> Thursday only– Without CEUs	
	<input type="checkbox"/> State Queen Pageant Luncheon Only	

**Please make copies of this form for additional attendees.*

Please return **PAGES 2 & 3** with payment to: AHCA / AALA
1401 W. Capitol Ave., Suite 180, Little Rock, AR 72201 | email: registration@arhealthcare.com | fax: (501) 374-1077
If you have any questions, please call the Association office at (501) 374-4422.

PLEASE RETURN BOTH PAGES WITH PAYMENT

EVENT	QUANTITY	AMOUNT
Member Full Registration <i>(before April 17)</i> <ul style="list-style-type: none"> CEUs for Administrators & Nurses Admission to all educational sessions (Tuesday, Wednesday & Thursday) Admission to Trade Show (Tuesday & Wednesday) Admission to State Queen Pageant Luncheon (Tuesday) Lunch (Wednesday) 	_____ \$275	\$
Member Full Registration <i>(after April 17)</i> <ul style="list-style-type: none"> CEUs for Administrators & Nurses Admission to all educational sessions (Tuesday, Wednesday & Thursday) Admission to Trade Show (Tuesday & Wednesday) Admission to State Queen Pageant Luncheon (Tuesday) Lunch (Wednesday) 	_____ \$295	\$
Non-Member Full Registration	_____ \$1,250	\$
State Queen Pageant Luncheon Only	_____ \$40	\$
Wednesday Only Registration with CEUs <i>(Member Only)</i> <ul style="list-style-type: none"> Must have at least one attendee with full registration from member facility CEUs for Administrators & Nurses Lunch (Wednesday) 	_____ \$100	\$
Wednesday Only Registration without CEUs <i>(Member Only)</i> <ul style="list-style-type: none"> Must have at least one attendee with full registration from member facility No CEUs Lunch (Wednesday) 	_____ \$80	\$
Thursday Only Registration <i>(Member and Non-Member)</i> <ul style="list-style-type: none"> Must have at least one attendee with full registration from member facility No CEUs 	_____ \$25	\$

TOTAL: \$ _____

PAYMENT

Check # _____
 Visa
 MasterCard
 AmEx

Name on Card: _____ Credit Card#: _____ - _____ - _____

V-Code: _____ Exp. Date: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Email Credit Card Receipt to: _____

Please return **PAGES 2 & 3** with payment to: AHCA / AALA
 1401 W. Capitol Ave., Suite 180, Little Rock, AR 72201 | email: registration@arhealthcare.com | fax: (501) 374-1077
 If you have any questions, please call the Association office at (501) 374-4422.