



GENERAL INFORMATION

Registration Payment

Payment for the AHCA/AALA Annual Fall Conference and Business Meeting 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 conference.

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 conference.
- Refunds will only be issued in the event of surveyors in building at the time of the conference.
- Payment for hotel rooms must be made directly to the hotel.
- Purchase of Caregiver tickets does not give entrance into 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. Dress for the Caregiver Awards Celebration is business attire. Please remember to bring a sweater or jacket for air-conditioned rooms.

CONVENTION DEADLINES

October 30: Early Bird Registration Deadline

November 7: On-Site Registration Opens

REGISTRATION PACKAGE BENEFITS

Full Meeting Package Benefits

- Entrance to all Education Sessions
- Admission to the AHCA/AALA Caregiver Awards Reception
- Admission to the AHCA/AALA Caregiver Awards Dinner
- Lunch (Tuesday & Wednesday)

Guest Tickets

- Admission to the AHCA/AALA Caregiver Awards Reception & Dinner

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.

FALL CONFERENCE REGISTRATION

November 7-9, 2017

Little Rock Marriott, 3 Statehouse Plaza, Little Rock, Arkansas 72201

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 Fall Conference.

FACILITY/COMPANY: _____

MAILING ADDRESS: _____

NAME: _____
TITLE: _____
EMAIL: _____

NAME: _____
TITLE: _____
EMAIL: _____

NAME: _____
TITLE: _____
EMAIL: _____

NAME: _____
TITLE: _____
EMAIL: _____

EVENT	QUANTITY	AMOUNT
Member Full Registration (on or before October 30) <i>Includes 1 Caregiver Awards Celebration ticket</i>	___ x \$275	\$
Member Full Registration (after October 30) <i>Includes 1 Caregiver Awards Celebration ticket</i>	___ x \$300	\$
Non-Member Full Registration <i>Includes 1 Caregiver Awards Celebration ticket</i>	___ x \$1,375	\$
Additional Caregiver Awards Celebration Tickets	___ x \$70	\$

TOTAL: \$ _____

* Please attach a new copy of this page for more participants.

PAYMENT

☐ Check #: _____ Make checks payable to AHCA

☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

Name on card: _____

CC#: _____ - _____ - _____ - _____

V-Code: _____ Exp. Date: ____ / ____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Email receipt to: _____

Please return form 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.