



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 cocktail attire. Please remember to bring a sweater or jacket for air-conditioned rooms.

### **CONVENTION DEADLINES**

**December 3:** Early Bird Registration Deadline

**December 11:** On-Site Registration Opens

### **REGISTRATION PACKAGE BENEFITS**

#### **Full Meeting Package Benefits**

- Entrance to all Education Sessions
- Admission to the AHCA/AALA Caregiver Awards Celebration
- Lunch on Wednesday

#### **Guest Tickets**

- Admission to the AHCA/AALA Caregiver Awards Celebration

*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.*

## **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 sent to the email address provided. For registration questions, contact the Association office at (501) 374-4422 or [registration@arhealthcare.com](mailto: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.

# FALL CONFERENCE REGISTRATION

December 11-13, 2018

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
Meaningful Music© <i>Made possible by Arkansas Quality Partners</i>	___ x FREE	FREE
Member Full Registration (on or before December 3) <i>Includes 1 Caregiver Awards Celebration ticket</i>	___ x \$275	\$
Member Full Registration (after December 3) <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	\$

\* 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.

TOTAL: \$ \_\_\_\_\_