

Arizona Health Care Association  
2009 Annual Conference & Trade Show  
**REGISTRATION FORM**



August 25-27, 2009  
Renaissance Glendale  
Hotel & Spa,  
Glendale, Arizona

Preferred method of registration is online at: **www.azhca.org/events**

**Hotel Reservations 623-937-3700**

Registration fee includes: admission to all education sessions, exhibit hall,  
welcome reception & silent auction, all session handouts, all designated meal functions.

Please complete registration form & mail or fax to:

**Arizona Health Care Association, 1440 E. Missouri Ave., Suite C-102, Phoenix, AZ 85014**  
**Phone: (602) 265-5331 • Fax: (602) 265-4401**

**PLEASE LIST INFORMATION AS YOU WANT IT TO APPEAR IN THE ON-SITE MATERIALS:**

Facility Name: \_\_\_\_\_ AHCA Member? Y / N

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

First Person Attending: \_\_\_\_\_ Title: \_\_\_\_\_

Additional Person Attending: \_\_\_\_\_ Title: \_\_\_\_\_

Additional Person Attending: \_\_\_\_\_ Title: \_\_\_\_\_

*Duplicate this form for additional people attending*

**CONFERENCE REGISTRATION FEES:**

REGISTRATION FEE (PER FACILITY)	#	AHCA MEMBER	NON-MEMBER	ENTER TOTAL/ITEM
Assisted Living Intensive (Tues AM)		\$50/person	\$75/person	
Skilled Nursing Intensive (Tues AM)		\$50/person	\$75/person	
AALNA Luncheon (Tues. Noon)		\$25/person	\$45/person	
<b>FULL CONFERENCE (TUES AFTERNOON, WED &amp; THURS) FEES ARE BASED ON STAFF FROM ONE FACILITY IN ONE LOCATION</b>				
Registrants 1 through 4 Pay		\$295/person	\$550/person	
Registrants 5 through 9 Pay		\$175/person	\$350/person	
10 <sup>th</sup> Plus Registrant Pays		\$150/person	\$300/person	
Workshop Presenter		\$175/person	\$175/person	
Tour of University of Phoenix Stadium		\$10/person	\$10/person	
Awards Lunch Only		\$40/person	\$60/person	
Wednesday Only (ONE DAY RATE)		\$100/person	\$200/person	
<b>TOTAL DUE</b>				

*Please note: Payments must be received by Tuesday, August 18, 2009*

Type of Payment:  Check Enclosed  Cash  Credit Card

FOR CREDIT CARD PAYMENTS ONLY	
Type of Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express	
Credit Card #:	Expiration Date: /
Print Name (as it appears on card):	
Signature:	

Cancellation/Refund Policy: If it is necessary to cancel your conference registration, you must send a written request to fax (602-265-4401) or email (ldoescher@azhca.org) by August 11, 2009. **Phone cancellations will not be accepted.** Cancellations received on or before August 11, 2009 will entitle you to a full refund minus a \$100.00 administration fee. **No refunds will be issued after August 11, 2009.**