WRC-ALCA 2024 Conference Registration Form

Card Number: ___

September 19-21, 202				GROWING BETTER TOGETHER AGING (:fe CARE)	
50p (000000) x (2x) 202	' ·		1.176 11.1		
Conference Registration	Postmarked / Emailed On or Before 8/15		rked/Emailed	33RD ANNUAL CONFERENCE • SEPT 19-21, 2024 • TUCSON, AZ	
O Member / Partner	\$525	\$625	r After		
O Non-Member	\$650	\$025 \$750		AGING (ife CARE®	
O Student	\$400	\$400	Childont registrations by mail only	— WESTERN REGION CHAPTER — Please include proof of current enrollment.	
O One-Day	\$350	\$350	Select One: Friday Saturday	rieuse include proof of current enrollment.	
Add-Ons	7330	7550	Select Offe. Lithiay Li Saturday		
AM Pre-Conference (select	t one or none)				
O \$150 Dancesequen	ces Equinimity— A Share	-	ience — <i>limited to 10 people; you wi</i> From Touchy to Touching <i>(</i> .	ll be notified and refunded if already full (2 hrs) 3 hrs)	
PM Pre-Conference					
O \$95 Film Presentation	n of Keys Bags Name Words a	nd Panel D	iscussion on Hear/Say Stories abo	ut Aging, Dementia, Art, and Life (3 hrs)	
Certificates Needed (select	all that apply)				
O No Charge Care Manage	r Certified (CMC)				
O \$50 Social Worker Total Enclosed / Author			ential #:		
Questions					
What is the size of your company Are you a small business OWNER What is one thing (in 10 words o every day OR do a brief mindfuln O I have read and understand t CONFERENCE DETAILS section of	o If yes, please provide de e Attendee: O Yes O No both of the questions above d'introduce you to others, familiar y? (select one) O 1-12 (Select	e, would ize you with 10 employ yourself .; these id	New Member (joined since S you like to be assigned a "conf the conf / org and answer any question yees 11-25 employee to Renew YOUR Flame? (e.g. confeas, without names, will be shown llation/refund policy) of confeas	September 2023): O Yes O No erence buddy?" A "conference buddy" is a ons you have. O Yes O No es O 26 or more employees arve out at least 15 minutes for reading ared at the conference). eence participation included in the	
Company:					
				State: Zip:	
Payment (check one)					
O Check – make payable to V O Credit Card – □ VISA □ M		-		at <u>aginglifecare.org/events</u> **	

_____ Cardholder Signature: ____ See conference brochure for information including policies regarding cancellation, refunds and more. Be sure to keep a copy of this form for your records. Return form via mail, email or fax to: WRC-ALCA 2024 Conference, 3275 W. Ina Rd., Suite 130, Tucson, AZ 85741 | Email: aschachter@aginglifecare.org | Fax: (520) 325-7925

___ Expiration Date: ______ Security Code: _____