

WRC-ALCA 2024 Conference Registration Form

September 19-21, 2024 | Tucson, AZ



Conference Registration Postmarked / Emailed Postmarked / Emailed
On or Before 8/15 8/16 or After

<input type="radio"/> Member / Partner	\$525	\$625	
<input type="radio"/> Non-Member	\$650	\$750	
<input type="radio"/> Student	\$400	\$400	Student registrations by mail only. Please include proof of current enrollment.
<input type="radio"/> One-Day	\$350	\$350	Select One: <input type="checkbox"/> Friday <input type="checkbox"/> Saturday

Add-Ons

AM Pre-Conference (select one or none)

- \$150 Dancesequences Equinimity— A Shared Experience – limited to 10 people; you will be notified and refunded if already full (2 hrs)
- \$150 Two Sessions in One: Medical Aid in Dying and From Touchy to Touching (3 hrs)

PM Pre-Conference

- \$95 Film Presentation of Keys Bags Name Words and Panel Discussion on Hear/Say Stories about Aging, Dementia, Art, and Life (3 hrs)

Certificates Needed (select all that apply)

- No Charge Care Manager Certified (CMC)
- \$50 Certified Case Manager (CCM)
- \$50 Registered Nurse (CaBRN) License / Credential #: _____
- \$50 Social Worker (LCSW) License / Credential #: _____

Total Enclosed / Authorized to Charge: \$ _____ Add all selected amounts above.

Questions

Dietary Restrictions: Yes No If yes, Vegetarian Vegan Gluten Free Dairy Free Other: _____

ADA Requirements: Yes No If yes, please provide details _____

First-Time WRC-ALCA Conference Attendee: Yes No New Member (joined since September 2023): Yes No

If you answered Yes to either or both of the questions above, would you like to be assigned a "conference buddy?" A "conference buddy" is a seasoned professional / member who will introduce you to others, familiarize you with the conf / org and answer any questions you have. Yes No

What is the size of your company? (select one) 1-10 employees 11-25 employees 26 or more employees

Are you a small business OWNER? Yes No

What is one thing (in 10 words or less) YOU currently do for yourself to Renew YOUR Flame? (e.g. carve out at least 15 minutes for reading every day OR do a brief mindfulness exercise 5x a week OR...; these ideas, without names, will be shared at the conference).

I have read and understand the Terms and Conditions (e.g. cancellation/refund policy) of conference participation included in the CONFERENCE DETAILS section of the event site. **MUST CHECK TO PROCEED**

Attendee Information

Full Name: _____ Badge First Name: _____

Company: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Cell Number: _____ Email Address: _____

Payment (check one)

Check – make payable to WRC-ALCA and MAIL with form to address noted below

Credit Card – VISA MasterCard American Express ****OR register by credit card online at aginglifecare.org/events****

Card Number: _____ Expiration Date: _____ Security Code: _____

Name on Card: _____ 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