

2010 Annual Conference Registration

Deadline for conference registration is May 5



FAX to:
518-426-8788

MAIL to: HCA Education and Research
194 Washington Avenue, Suite 400, Albany, NY 12210

PLEASE RETURN THIS COMPLETED REGISTRATION FORM WITH YOUR PAYMENT. YOU MAY DUPLICATE THIS FORM FOR ADDITIONAL ATTENDEES. PLEASE SAVE A COPY FOR YOUR RECORDS.

Register online at
www.eventville.com/hcans

Conference Participant Registration

NAME _____ TITLE _____

AFFILIATION _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____

E-MAIL _____

PAYMENT:

Full payment must be received by May 5 to be registered for the conference. We cannot accept walk-in registrations.

METHOD OF PAYMENT:

Please check one:

_____ Check* Make payable to: HCA Education and Research and
mail to: 194 Washington Avenue, Suite 400, Albany, NY 12210

_____ MasterCard _____ Visa _____ American Express

Credit Card No. _____

Name on Card _____

Expiration Date: _____

Authorized Signature _____

Cancellation Policy: Cancellations received by May 5 will receive a full refund, less 25% of total due as an administrative fee. Cancellations received on May 6 or later will forfeit their registration fee, along with those who register and do not attend. Substitutions are permitted.

In accordance with the American with Disabilities Act or special meal needs, please let us know how we can accommodate you:

REGISTRATION FEE: We encourage you to attend the full three day conference for the best value. No credits can be given for meals not taken or unattended education programs.

Early Bird Discount Ends April 19

***SUNDAY AWARDS RECEPTION AND DINNER:** Please note that the Awards Reception and Dinner is included in the "Full Registration Fee" and the "Sunday Only Fee." For those who wish to attend the Awards Reception and Dinner *ONLY*, the fee is \$85 per person.

REGISTRATION FEE

 Please indicate your registration choice(s):

Full Conference Registration Options

- HCA Member (Early-bird rate until April 19) \$625
- Additional Registrant from same agency (Before April 19) \$550
- HCA Member (After April 19) \$675
- Additional Registrant from same agency (After April 19) \$600
- Non-Member Fee (Early-bird rate until April 19) \$725
- Non-Member Fee (After April 19) \$775

One Day Only Conference Registration Options

- Wednesday Only – HCA Member \$275
- Wednesday Only – Non-Member \$375
- Thursday Only – HCA Member \$375
- Thursday Only – Non-Member \$475
- Friday Only – HCA member \$275
- Friday Only – Non-Member \$375

Optional Activities

- Negotiate Your Way to Success Program \$125
- Include me for the HCA Staff Dinner at Circus Café
of Guests: _____ at \$40 pp \$ _____

Wednesday Awards Dinner *Only*- Additional Guest Fee

- # of Guests: _____ at \$85 pp \$ _____

TOTAL DUE: \$ _____

Please be sure to make your hotel reservation by April 27.