

Northeast Home Health Leadership Summit

January 20 & 21, 2010
Sheraton Boston Hotel
Boston, Massachusetts

Registration Form

Name

Title

Agency

Address

City State Zip

Email

Phone Fax

State Association

Member Affiliation (Select One)

- _____ Connecticut Association for Home Care & Hospice
- _____ Home Care & Hospice Alliance of Maine
- _____ Home Care Alliance of Massachusetts
- _____ Home Care Association of New Hampshire
- _____ Home Care Association of New York State*
- _____ New York State Association of Health Care Providers*
- _____ Rhode Island Partnership for Home Care
- _____ Vermont Assembly of Home Health Agencies
- _____ Member of both HCA and HCP-NY

Registration Deadline and Cancellation Policy

Registration must be postmarked by January 6, 2010. Registration postmarked after that date will be charged a \$35 late fee per registrant. Changes or substitutes within the same agency are acceptable by notifying HCA Education and Research by January 15th. Cancellations up to January 6 will receive a full refund less 25% administrative fee by emailing info@hcanys.org. No refunds will be given after January 6. Questions? Contact Teresa Brown at (518) 426-8764 or info@hcanys.org.

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

Three Ways to Register

- By mail: Send your payment and registration form to
HCA Education and Research
194 Washington Avenue, Suite 400
Albany, NY 12210
- By Fax: Send your registration form with credit card
payment to (518) 426-8788
- Online: www.eventville.com/hcanys

Registration Fee

The Registration Fee for the two-day conference includes education programs, as well as food and beverage events where noted.

Member of a Sponsoring State Association

Early Bird Two-Day Fee (until 12/9/09)	\$450 _____
Two Day Fee (after 12/9/09)	\$495 _____
Late Fee (postmarked after 1/6/10)	\$ 35 _____

Non-Member

Early Bird Two Day Fee (until 12/9/09)	\$550 _____
Two Day Fee (after 12/9/09)	\$595 _____
Late Fee (postmarked after 1/6/10)	\$ 35 _____

- Yes, I will attend the reception at the Top of the Hub which is included in the two-day fee.
- No, I will not attend the reception.

Total Registration Fee \$ _____

Method of Payment

_____ Check made check payable to: HCA Education and Research

_____ American Express _____ MasterCard _____ VISA

(3 digit code on reverse) _____ Exp. Date ____/____/____

Card Number _____

Cardholder's Name _____

Signature _____