

REGISTRATION FORM

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____ **Fax:** _____

MEMBER RATES:	Early Discount Rate By 4-04-2008	Standard Rate After 4-04-2008	Non-Member
Full Conference – one person	\$399 each	\$500 each	\$800 each
Full Conference – 2 to 4 people, same company	\$369 each	\$470 each	No discount
Full Conference – 5 or more, same company	\$325 each	\$440 each	No discount
One Day Rate (Monday Only)	\$225 each	\$320 each	\$450 each
One Day Rate (Tuesday Only)	\$275 each	\$370 each	\$500 each
One Day Rate (Wednesday Only)	\$175 each	\$260 each	\$325 each

PLEASE PRINT

** Early discount rates apply only for MAHC member registrations received and paid by April 4th, 2008.*

PARTICIPANT INFORMATION

Name	Email	Full Conf	Mon Only	Tues Only	Wed Only	Fee

Send Registration and Payment to:



Missouri Alliance for HOME CARE
 2420 Hyde Park, Suite A Jefferson City, MO 65109
 Phone: 573-634-7772 • Fax: 573-634-4374

Subtotal of Registration Fees: \$ _____

TOTAL FEES ENCLOSED \$ _____

Conference Cancellation Policy: Cancellations received by 4/15/08 are eligible for a 90% refund. Cancellations received on or after 4/16/08 are eligible for a 50% refund. No refunds granted for cancellations received on or after 4/27/08. We will bill for unfulfilled reservations at the full rate.