

2019 Annual Conference & Home Care Exhibition

April 24-26, 2019

Registration Form

Company: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____

Now Two Ways to Pay! Check or Credit Card (Visa, MasterCard, Discover or AMEX) Discount applied if paying by check!

Attendance Selection	MAHC Member Rate	Non-Member Rate
Full Conference—1 Person	\$485 Check/\$497 Credit Card	\$970 Check/\$994 Credit Card
Full Conference—2-5 People (each)*	\$435 Check/\$445 Credit Card	\$970 Check/\$994 Credit Card
Full Conference—6 or more people (each)*	\$375 Check/\$385 Credit Card	\$970 Check/\$994 Credit Card
*To receive multiple-attendee discount, all registrants must be employed by the company listed above.		
Therapy Conference Only**	\$295 Check/\$305 Credit Card	\$590 Check/\$610 Credit Card

PLEASE PRINT LEGIBLY OR TYPE—PHOTOCOPY AS NEEDED

Participant Name	Email Address	Fee

****Therapy Conference** — Therapy conference attendees can choose to come on Thursday only or take advantage of attending the full conference at the full conference rate noted above and could count toward the multiple attendee discounts offered. Please list any therapist attending, whether full conference or just Thursday.

Participant Name	Email Address	Full MAHC Conference	Therapy Only

For security reasons, if paying via credit card please fax or mail (not e-mail) your registration form

Registration Fees Payable by check or credit card Check Credit Card

Name as it appears on card: _____

CC#: _____ Visa MC Discover Am. Express

Billing Address: _____ City, State, Zip _____

Exp. Date: _____ CVC(3 or 4 digit code): _____ Signature: _____

Total Fees Enclosed \$ _____

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Mail Registration & Payment to:

Missouri Alliance for HOME CARE
2420 Hyde Park, Suite A
Jefferson City, MO 65109

Conference Cancellation Policy: Cancellations received by April 1, 2019 are eligible for a 90% refund. Cancellations received on or after April 2, 2019 are eligible for a 50% refund. No refunds granted for cancellations received after April 20, 2019. We will bill for unfulfilled reservations at the full rate.

Classroom Monitors Needed – Please Volunteer!
See page 14 for details.

Name: _____

Workshop #s: _____

Name: _____

Workshop #s: _____

Name: _____

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