

2009 NATIONAL LTCI PRODUCERS SUMMIT

The nation's premier long-term care insurance sales conference.

Conference Registration Form November 14 - 16, 2009 WESTIN HOTEL, KANSAS CITY, MO

PLEASE PRINT LEGIBLY

Name	Badge Name (First or Nickname)
Title	Company
Mailing Address	
City	State Zip Code
Telephone	E-mail
REGISTRATION FEE Summit attendees MUST be members of the Association at the time of the Summit.	
UNTIL SEPTEMBER 15 [™] Registration \$275 (Mem	shbers) \$324 (Non-Members; Includes 1 year Association membership)
$\frac{\text{AFTER SEPTEMBER 15}^{\text{IH}} - \text{NO EXCEPTIONS}}{\text{Registration}} \\ \325 (Mem	
PAYMENT	
Check: Make payable to AALTCI: Mail to AALTCI, 3835 E. Thousand Oaks Blvd., Ste. 336, Westlake Village, CA 91362	
Credit Card: (VISA, MASTERCARD, AMERICAN EXPRESS) I authorize the American Association for Long-Term Care Insurance to charge my credit card the appropriate rate for the Summit registration as well as the cost of Association membership (for non-members). If my Association membership ends prior to the 2009 Summit and needs to be extended I agree to the "non-member" rate. I have read the cancellation policy below. A receipt and confirmation will be mailed to you.	
Credit Card Number	
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Cancellation Policy: In order to receive a partial refund of your registration fee, your cancellation request must be received in writing by November 1, 2009. We require traceable mail such as UPS or FedEx. A \$100 administrative fee will be charges for all cancellations, regardless of the reason for the cancellation (including medical emergencies). No refund of any kind, for any reason, will be given for cancellation requests received after November 1, 2009. No exceptions will be entertained. You may transfer your registration to another person.