



# 2012 NATIONAL LTCi PRODUCERS SUMMIT

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

## Conference Registration Form

November 10-12, 2012 TROPICANA HOTEL, LAS VEGAS, NV

PLEASE PRINT CLEARLY

Name \_\_\_\_\_ Badge Name (First or Nickname) \_\_\_\_\_

Title \_\_\_\_\_ Company \_\_\_\_\_

Do You Have The  
CLTC Designation ?

YES NO

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

FOR NEW  
MEMBERS

Are you a licensed agent who wants to be listed on the Association's FIND AN AGENT  
Online directory. ONLY for licensed insurance agents.  
See all benefits of your AALTCI membership: [www.aaltci.org/benefits](http://www.aaltci.org/benefits)

CIRCLE ONE YES NO

### REGISTRATION FEES

\* Summit attendees MUST be members of the Association at the time of the Summit (November 2012).  
The (50%) discounted membership fee of \$49 will be applied and you will receive a 1-year AALTCI membership.

#### REGULAR REGISTRATION

\$349 (Association members)

#### - THROUGH OCTOBER 27, 2012

\$398 (Non-members or those whose membership needs extending)

#### LATE REGISTRATION

\$399 (Association members)

#### - OCTOBER 28, 2012 OR AFTER

\$448 (Non-members or those whose membership needs extending)

#### SPECIAL REQUESTS

Call the Association office  
(818) 597-3227 with special  
dietary requests.

### 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, DISCOVER)

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 (if necessary) the cost of Association membership (\$49) for non-members. If my Association membership ends prior to the 2012 Summit and needs to be extended I agree to the \$49 fee for a one-year extension of my membership. I have read the cancellation policy below.

Your conference registration receipt will be E-mailed to the address provided above.

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Signature \_\_\_\_\_

Full Address where Credit card statement is mailed: \_\_\_\_\_

**Cancellation Policy:** In order to receive a partial refund of your registration fee, your cancellation request must be received in writing by **October 29, 2012**. We require traceable mail such as UPS or FedEx. E-mails unless confirmed by our office are not valid. A \$100 administrative fee will be charged 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 **12:00 noon (PST) on Monday, October 29, 2012**. No exceptions will be entertained. You may transfer your registration to another person.

FAX THIS FORM TO (818) 597-3206

QUESTIONS? Call (818) 597-3227