



2015 LONG TERM CARE SOLUTIONS SUMMIT
CONFERENCE REGISTRATION FORM
OCT. 27, 2015 HYATT HOTEL, DULLES, WASHINGTON D.C.

SEATING AT THE EVENT IS LIMITED - PRE-REGISTRATION IS REQUIRED

REGISTRATION IS FREE TO MEMBERS OF THE AMERICAN ASSOCIATION FOR LONG-TERM CARE INSURANCE
- must be active member on the date of the event. If you are not a member or need to renew, you will pay a 1-time \$98 membership fee.

PLEASE PRINT CLEARLY

Name _____ Badge Name (First or Nickname) _____

E-Mail _____ Phone _____

Company / Agency Name _____

Mailing Address _____

City _____ State _____ Zip _____

Please Note: Nothing replaces the benefits of face-to-face networking and we look forward to welcoming all those who want to attend the Summit in person. As a free event for attendees, please note that we will not be serving any food during the event, We are encouraging insurance company and Summit sponsors to host coffee and meal breaks but that will be at their discretion.

MEMBERSHIP - NEW OR RENEWAL - \$98 for 1-Year

Credit Card: (VISA, MASTERCARD, AMEX, DISCOVER)

I authorize the American Association for Long-Term Care Insurance to charge my credit card \$98 which includes one year of Association membership (or membership renewal) and all benefits, which includes free registration to attend the 2015 LTC Summit. I understand that once processed NO REFUNDS for membership will be given even if I am not able to attend the event.

CREDIT CARD RECEIPT WILL BE EMAILED TO THE E-MAIL ADDRESS PROVIDED ABOVE

Credit Card Number _____ Exp Date _____

Security Code _____ Signature _____

Complete Address where Credit Card statement is mailed _____
IF SAME AS ABOVE - Write "SAME"

_____ Zip _____

E-mail to: mindy@aaltci.org

FAX TO: 818-597-3206