

2006 NATIONAL LONG-TERM CARE INSURANCE PRODUCERS SUMMIT

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

Conference Registration Form

NOVEMBER 5 - 7, 2006 HILTON HOTEL, AUSTIN, TX

**EARLY BIRD
REGISTRATION
ENDS SEPT. 29^T**

Name _____ Badge Name (First Name or Nickname) _____

Title _____ Company _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Attending Spouse - Name _____ Add Below

E-mails are not sold or scanned. We use solely to communicate with attendees.

E-mail _____

BE RECOGNIZED -- BE PUBLISHED ENTER THE INDUSTRY'S ANNUAL SALES AWARD AND YOUR NAME WILL APPEAR IN THE 2007 LTCi SOURCEBOOK

All Summit registrants with LTCi placed premium in 2005 are eligible for the awards program and the listing in the 2007 LTCi Sourcebook.

DEADLINES/RULES: Your Summit registration must be received by Sept. 29 to be included in the Awards presentation at the Summit. Registrations received after Sept. 29 will be included in the final ranking published in the 2007 LTCi Sourcebook. Award recognition open to 2006 Summit attendees.

PLEASE CHECK ONE 2005 First Year Placed LTCi Premium (You May Approximate)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Less than \$ 2,500 | <input type="checkbox"/> \$10,001 - \$20,000 | <input type="checkbox"/> \$50,001 - \$70,000 | <input type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$ 2,500 - \$ 5,000 | <input type="checkbox"/> \$20,001 - \$30,000 | <input type="checkbox"/> \$70,001 - \$90,000 | <i>Please enter your placed premium on the line below.</i> |
| <input type="checkbox"/> \$ 5,000 - \$ 7,500 | <input type="checkbox"/> \$30,001 - \$40,000 | <input type="checkbox"/> \$90,001 - \$99,999 | \$ _____ |
| <input type="checkbox"/> \$ 7,501 - \$10,000 | <input type="checkbox"/> \$40,001 - \$50,000 | | |

REGISTRATION FEES

Early Bird Received by September 29th	General Registration Postmarked After September 29th	On-Site On Space Available Basis
\$395	\$495	\$550
Spousal registration: \$245 (receptions and meals only).		
Total Fee \$		

ASSOCIATION MEMBERS SAVE \$100*

Members of the American Association for Long-Term Care Insurance can save \$100 on Summit registration. Write "AALTCI" in Discount Code box.

Not a member? Join now and SAVE.

- | | | |
|--------------------------------------|------|---|
| <input type="checkbox"/> One Year | \$49 | * Discount NOT applicable to First Time Registration Fee. |
| <input type="checkbox"/> Two Years | \$79 | |
| <input type="checkbox"/> Three Years | \$99 | Membership Fee will be added to the total amount charged. |

Write Discount
Code Here
One discount per person

PAYMENT OPTIONS

Check (Please make payable to AALTCI) Fed Tax ID: 77-0553411

Or pay by credit card (VISA, MASTERCARD, AMERICAN EXPRESS)

CARDHOLDER NAME _____

CARD NUMBER _____ EXP DATE _____

SIGNATURE _____

MAIL OR FAX PAYMENT

AALTCI - Summit, 3835 E. Thousand Oaks Blvd., Suite 336, Westlake Village, CA 91362

FAX: 818-597-3206

CONFIRMATION/CANCELLATION REFUNDS. All registrations received by Oct. 25, 2006 will be confirmed by fax or mail. If you must cancel for any reason, notify us in writing (via trackable FedEx) by Oct. 25, to receive a refund minus a \$100 cancellation fee. Because the Conference can sell out and we could turn away