



2011 NATIONAL LTCi PRODUCERS SUMMIT

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

Conference Registration Form

April 3-5, 2011 TROPICANA HOTEL, LAS VEGAS, NV

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 (April, 2011)

EARLY REGISTRATION - RECEIVED ON OR BEFORE JANUARY 7, 2011

\$279 (Association members) \$328 (Non-members or those whose membership needs extending)

REGULAR REGISTRATION - JANUARY 8, 2011 - MARCH 17, 2011

\$349 (Association members) \$398 (Non-members or those whose membership needs extending)

LATE REGISTRATION - MARCH 18, 2011 OR AFTER

\$399 (Association members) \$448 (Non-members or those whose membership needs extending)

SPECIAL REQUESTS

Please call the Association office (818) 597-3227 with any 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 for non-members. If my Association membership ends prior to the 2011 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 **March 21, 2011**. 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 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 **12:00 noon (PST) on Monday, March 21, 2011**. 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