



2014 LONG TERM CARE SOLUTIONS SUMMIT
CONFERENCE REGISTRATION FORM
MAY 18-20, 2014 WESTIN CROWN CENTER, KANSAS CITY

PLEASE PRINT CLEARLY - All information is required

Name _____ Badge Name (First or Nickname) _____

Spouse (if attending) _____ Badge Name (First or Nickname) _____

E-Mail _____ Phone _____

Company / Agency Name _____

Mailing Address _____

City _____ State _____ Zip _____

REGISTRATION FEE - \$ 249 per-person

Conference attendee registration includes 2 receptions (1 beverage at each), access to all sessions and exhibit hall.
SPOUSES WHO PLAN TO ATTEND SESSIONS AND/OR THE RECEPTION ARE REQUIRED TO REGISTER.

PAYMENT

Check: Make payable to AALTCI: Mail to AALTCI, 3835 E Thousand Oaks Blvd., Ste. 336, Westlake Village, CA 91362

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

I authorize the American Association for Long-Term Care Insurance to charge my credit card the appropriate rate for conference registration(s). I have read the cancellation policy and understand that requirements to obtain a partial refund should I need to cancel.

CREDIT CARD RECEIPT WILL BE EMAILED ALONG WITH A CONFERENCE CONFIRMATION TO THE EMAIL 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 _____

Cancellation Policy:

NO refund of any kind will be given after May 1, 2014. You may transfer your registration(s) to another individual prior to the event. If you are unable to event, and advise us within 30 days prior to the event, you will be given free access to view the live streaming conference broadcast as well as access to any event session recordings made available online.

FAX TO: 818-597-3206

E-mail to: mindy@aaltci.org