

5th Annual PHCA/CALM Personal Care & Assisted Living Summit

Wednesday, March 21, 2012 - 8:30 am—5:00 pm

Sheraton Harrisburg/Hershey

Educational Summit Registration Form

Name: _____ Title: _____

Facility: _____ Owner: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____ Member: Yes _____ No _____

Cocktail Networking Party Registration Form

_____ Yes! I'd like to attend the complimentary cocktail networking reception on Tuesday, March 21.

Online registration also available at www.phca.org -or- www.calmpa.org

Registration fee	
Member	\$90
Non-member	\$120

Total amount enclosed: \$ _____ Check payable to PHCA Visa/MasterCard/Discover/AmEx

Credit card number _____ - _____ - _____ - _____ Expiration _____ / _____

Cardholder's name: _____

Cardholder's signature: _____



Membership: Is your facility **currently a non-member**? Don't pay the higher non-member fee - join today and pay only \$90 per attendee. Contact Jennifer Hoffman at 717-221-7940 to discuss membership benefits today!

We are looking to be your partner in advocacy, regulatory changes and education! Let us help you now!

Three convenient ways to register and pay:

1. Register **online** with **credit card** information at www.phca.org -or- www.calmpa.org
2. Register by **fax** with **completed registration form and credit card** information to: PHCA/CALM at 717-221-8687
3. Register by **mail** with **completed registration form and check** to: PHCA/CALM, 315 North Second Street, Harrisburg, PA, 17101

*If you have **special dietary needs**, please contact PHCA/CALM.*

Cancellations received by **March 9** will receive a full refund minus a \$25 administrative fee. No refunds will be made for cancellations after this date. Registrants who do not cancel and do not attend will not receive a refund. Please call 717-221-7932 to cancel.