

Registration for the 25th Annual HCANJ Assisted Living Conference is **PER PERSON**. Attendees must be employees of the center under which they are registering. A valid individual email address is required for each registrant or the registration cannot be completed.

HCANJ Member:

🔲 \$350 per person

Non-member: S500 per person

REGISTRATION CLOSES ON THURSDAY, MAY 2ND OR WHEN THE MAXIMUM CAPACITY IS REACHED.

Registration sales are final. Refunds or credits toward future HCANJ events are not available.

Please do not attend if you do not feel well.

Please email the completed form with credit card information to <u>michelle@hcanj.org</u>. If paying by check, you must still email the form in advance to reserve your seat while the check is processing. The check can follow in the mail and should be received prior to the event.

HCANJ, 4 AAA Drive, Suite 203, Hamilton, NJ 08691_

Questions? Please contact Michelle Palko at <u>michelle@hcanj.org</u>.

YOU MUST SUBMIT A SEPARATE REGISTRATION FORM FOR EACH ATTENDEE.

Attendee Information	
Name	
Title	Check box for kosher lunch
Email address	Each attendee must provide their own email address
I am a/an 🗌 OWNER	REGIONAL MGR. LNHA CALA RN LPN OTHER (check all that apply)
Center Information	
Center name	
Street address	
City / State / Zip	
Phone number	
Payment Information	
Payment method	Check in the amount of \$ to follow. OR
Please charge my cred	it card for \$ Visa 🗌 MasterCard 🗌 American Express
Credit card number	
Expiration date	Security code Billing zip code
Cardholder name	
Cardholder email	
By checking this box, I authorize HCANJ to charge my credit card for the amount shown.	

FOR INTERNAL USE ONLY: Registered

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