

REGISTRATION FORM

YOU MAY REGISTER IN ONE OF THREE WAYS:

BY FAX: Fax your completed registration form along with your credit card information to: 609.584.1047.

BY MAIL: Mail your completed registration form along with your check or credit card information to:

Health Care Association of New Jersey, 4 AAA Drive, Suite 203, Hamilton, NJ 08691

ONLINE REGISTRATION: www.hcanj.org and click on the Events and Education tab to find the event

ONLINE REGISTRATION IS NOT AVAILABLE FOR THE AALNA MEMBER DISCOUNT

All registrations must be accompanied by payment in full. Registrations received without payment in full will not be processed

HCANJ regrets that we are unable to offer refunds for cancelled registrations and no-shows. Registrant substitutions from the same facility are acceptable.

1. Registrant Name _____ Title _____

Credentials: CALA LNHA RN LPN CMA License #: _____

Category: \$250 - My facility is a member of HCANJ \$350 - My facility is not a member of HCANJ

Check if you would like a kosher lunch

2. Registrant Name _____ Title _____

Credentials: CALA LNHA RN LPN CMA License #: _____

Category: \$250 - My facility is a member of HCANJ \$350 - My facility is not a member of HCANJ

Check if you would a kosher lunch

SPECIAL DISCOUNTED RATE FOR AMERICAN ASSISTED LIVING NURSES ASSOCIATION (AALNA) MEMBERS

CALA and LNHA can not use this section to register and are not entitled to receive the nursing member discount.

AALNA MEMBERS MUST FAX COMPLETED REGISTRATION IN ORDER TO RECEIVE DISCOUNTED RATE

1. Registrant Name _____ Title _____

Credentials: RN LPN Nursing License # _____ Check if you would like a Kosher lunch

AALNA Member Fee (check one): \$140 - My facility is a member of HCANJ \$175 - My facility is not a member of HCANJ

2. Registrant Name _____ Title _____

Credentials: RN LPN Nursing License # _____ Check if you would like a Kosher lunch

AALNA Member Fee (check one): \$140 - My facility is a member of HCANJ \$175 - My facility is not a member of HCANJ

Contact information of individual responsible for registration:

Name: _____ Title: _____

E-mail: _____ Phone: _____

Facility Name _____ Address _____ Street address City State/Zip

Payment Method: Check enclosed for \$ _____ Charge my card for \$ _____ MasterCard Visa AMEX

Credit Card No. _____ CV2 # _____ Card Exp. Date _____

*the CV2# is the three or four digit additional black number on the front or back of your credit card.

Credit Card Information: To whom and where credit card statement is sent:

Cardholder Name: _____ Address: _____ Street address City State/Zip

Cardholder Signature: _____ Cardholder Phone Number: _____

There is no sponsorship received for this event.