



Connecticut Association of Health Care Facilities
Connecticut Center for Assisted Living

213 Court Street, Suite 202 Middletown, CT 06457 860-290-9424

REGISTRATION FORM

MDS Changes for the IDT

September 7, 2023, 9:00 a.m. to 12:00 p.m. CEU: 3.0 Virtual Event

Fee:

Members: \$60 per person **Additional Attendees from SAME facility:** \$40 per person
Non-Members and Members in Not in Good Standing: \$120 per person

Seminar Registration Policy: Please send the registration form, along with payment to CAHCF **no later than September 1, 2023**. We cannot process your registration without payment. **Full payment is due PRIOR to the event.**

Your registration is your commitment to pay, if you do not attend you will be responsible for payment

Registrants WILL NOT RECEIVE THE LINK to the event if FEES ARE UNPAID.

Confirmations: Confirmation letters will be **sent via email to email address on file** for the person.

Cancellations: Cancellations **must be confirmed** by obtaining a **“CAHCF Cancellation Number”** prior to **9/7/23**.

NO REFUNDS will be given after 9/6/23. Substitutions can be made, please email amanning@cahcf.org with the change.

Fax registration forms to: 860-290-9478 PLEASE PRINT LEGIBLY!

Name: _____ Position: _____ EMAIL: _____

Name: _____ Position: _____ EMAIL: _____

Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

If paying by credit card:

Name on Credit Card: _____	Type of Card: _____
Card Number: _____	Expiration Date: _____ Amount to Charge:\$ _____
Security Code: 3 digits for Visa and MasterCard, 4 digits for American express: _____	Billing Address if different: _____ _____

Register Online:
<https://tinyurl.com/MDSChanges>