



Connecticut Association Of Health Care Facilities, Inc.

213 Court Street, Suite 202, Middletown, CT 06108

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REGISTRATION and SEMINAR PAYMENT POLICY

Best Practices – Session II – CAHCF/CCAL Member Only Event

January 24, 2024 Time: 9:00 a.m. to 12:00 p.m. VIRTUAL EVENT

CEU: 3.0 per seminar

Please send this registration form, along with payment to the CAHCF offices no later than 1/20/24 ***we cannot process your registration without your payment. If you register using a purchase order number we will reserve your seat, however, full payment MUST BE REMITTED PRIOR to the event. Registrants will not be allowed to attend if any seminar fees are unpaid.***

Virtual Registration Fees:

CAHCF/CCAL Members Only: \$70. The same person does not have to attend each session.

Discounted rate for additional attendees: \$50 for individual sessions.

CAHCF/CCAL Members Not In Good Standing: \$140 per person, per session

Sessions will not be recorded.

Cancellation Policy: Cancellations must be made in writing to CAHCF/CCAL by 4 p.m. **three business days prior** to the program date. Cancellations after this time/date and no shows will be charged the full registration fee. Cancellations can be faxed or emailed to amanning@cahcf.org, cancellations by phone will not be accepted.

Substitutions: Substitution of attendees is allowed, please notify CAHCF/CCAL in advance.

Confirmations: Confirmations will be sent via email. If you don't receive a confirmation email the day before the event, please contact Adriana Manning at amanning@cahcf.org or (860) 290-9424.

CEUs:

The CEU certificate for each session will be sent to the registered attendee provided that:

- The session is paid for in full.
- Attendance has been verified for the session.

FAX YOUR FORM TO US AT 860-290-9478!

Member Fee \$70 per person. Discounted rate for additional attendees: \$50 for individual sessions.

Members Not In Good Standing: \$140 per person

Facility: _____

Phone: _____ **Fax:** _____

Name	Title	Email	12/7/23	1/24/24
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Optional: Credit Card Information: Type: _____ MasterCard _____ Visa _____ American Express

Amount to Charge: _____

Name on Card:	Billing Address if different from facility's:
Card Number:	City, State, Zip
Expiration Date:	Security Code:
Signature:	