

**ACHCA**American College of  
Health Care Administrators  
Connecticut Chapter**CAHCF/CCAL**Connecticut Association of Health Care Facilities  
Connecticut Center for Assisted Living**37<sup>th</sup> Annual Educational Conference and  
Trade Show – Registration Form****November 12, 2025 Aria, Prospect CT****Fee: \$60 per person AITs – Free CEUs: 1.5**

The easiest and quickest way to register is to register online. By registering online you will be able to submit your payment and register additional people from your facility. **Please go to this link: <https://tinyurl.com/37tradeshow> please note the url is case sensitive.**

**Substitutions:** Substitutions are permitted **until November 7, 2025 please email Adriana Manning at [amanning@cahcf.org](mailto:amanning@cahcf.org)** with the following information: your name and the substitution's name and job title. After November 7, 2025 the substitution can be done onsite.

**Cancellation and Refund Policy:**

**If you facility is "in survey" during the trade show, we will refund the registration fees for your facility. Registering for this event is your commitment to pay.**

Please send the registration form, along with payment to CAHCF **no later than 11/1/25**. We cannot process your registration without payment. **Full payment is due PRIOR to the event.**

**Confirmations:** will automatically be sent if you don't receive it by November 7, 2025 please contact us [amanning@cahcf.org](mailto:amanning@cahcf.org) or by calling us at 860-290-9424.

**Note: Attendees must be a facility employee, Vendors are not allowed to attend the show as an attendee.**

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

Name	Title	Email	Do you require a Kosher Meal?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Facility:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**If paying by credit card:**

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