CAHCF/CCAL
Connecticut Association of Health Care Facilities
Connecticut Center for Assisted Living

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

Webinar Registration Form
Vacuum the RUGs! Medicaid CMI Transition to PDPM

March 5, 2026 10:00 a.m. – 11:00 a.m. CEU: 1.0 Virtual Event

Fee:

Fees: $30 for the first attendee, $15.00 for each additional attendee from the same facility

Seminar Registration Policy: Please send the registration form, along with payment to CAHCF **no later than February 28, 2026**. **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" 3 days prior to 3/5/26.**

NO REFUNDS will be given after 2/1/25. 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: _____

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/cahcfpdpm