



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

Depression: Risk & Response

May 5, 2026 10:00 a.m. – 12:00 p.m. CEU: 2.0 Virtual Event

Fee:

Fees: CAHCF/CCAL Members: \$40.00 Non-Members \$80.00

Seminar Registration Policy: Please send the registration form, along with payment to CAHCF no later than April 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/cahcfdepression>