



ACHCA

American College of
Health Care Administrators

Connecticut Chapter

CAHCF/CCAL

Connecticut Association of Health Care Facilities
Connecticut Center for Assisted Living

**36th Annual Educational Conference and
Trade Show – Registration Form**

November 6, 2024 Aria, Prospect CT

Fee: \$60 per person AITs - Free

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/24tradeshow> please note the url is case sensitive.**

Substitutions: Substitutions are permitted **until November 2, 2024 please email Adriana Manning at amanning@cahcf.org** with the following information: your name and the substitution’s name and job title. After November 2, 2024 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 CT-ACHCA **no later than 11/1/24**. 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 2, 2024 please contact us 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?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____

Facility: _____ **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: _____ _____	