



# 17th Annual Winter Marketplace Registration Form

December 10-12, 2010 | Bally's Las Vegas | Las Vegas, NV

Please include payment with registration form.  
One form per person. Please print clearly. Make copies if necessary. Register on site after November 29, 2010.

ACHCA Member Number \_\_\_\_\_ Name \_\_\_\_\_  
 Title \_\_\_\_\_ Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Badge Name \_\_\_\_\_ Email \_\_\_\_\_  
 License # \_\_\_\_\_ License Type  NHA  AL  RN State Licensed in \_\_\_\_\_  
 Special Assistance: Please describe your special requirements. Requests will be individually acknowledged.

## Registration Categories and Fees

	Advance (Ends 11/2/10)	On-site	Total
<b>Member</b>			
Primary Registrant	\$489	\$589	\$ _____
Additional Registrant <i>(must be from the same organization/facility)</i>	\$389	\$489	\$ _____
<b>Nonmember</b>			
Registrant	\$689	\$789	\$ _____
<b>Student</b> <i>(Proof of current enrollment required)</i>			
	\$150	\$150	\$ _____
<b>Membership Dues</b>			
SAVE \$200 (off nonmember rate) by joining ACHCA and registering at the same time!			
Sign up to be a member now and enjoy member rates on this event.			
		\$291	\$ _____
		Total	\$ _____

Check enclosed (Payable in US dollars to ACHCA)  
 Visa  Mastercard  AmEx Card # \_\_\_\_\_ Exp date \_\_\_\_\_  
 Name on card \_\_\_\_\_ Signature \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 Cancellations must be received in writing prior to November 2, and are subject to a \$75.00 processing fee. Refunds will not be issued for cancellations after November 2, 2010.

FAX to: 866-874-1585 (credit card payment only)  
 If paying by check, mail to: ACHCA | PO Box 75060 Baltimore, MD 21275-5060  
 Questions: Call 202-536-5120 | Online: www.achca.org