



Registration Form (may be duplicated)

“Annual Update from State of Connecticut Department of Public Health, Facility Licensing & Investigation Section”

Friday, February 14, 2020

| | CT ACHCA | AIT |
|-------------|--------------------------|--------------------------|
| Name: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Name: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Name: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Facility/Organization: _____ Email: _____

Address: _____

Cost: AITs/Students in an accredited college/university LTC management program attend **FREE** (but you **MUST** register to attend!)
 \$ 50.00/person for CT ACHCA Members and CT Chapter Corporate Sponsors;
 \$ 35.00/person for Guests registering with a CT ACHCA Member (same facility)
 \$ 100.00/person for not-yet-CT ACHCA Members; \$ 75.00/person additional people (same facility)
 Registration **IS** a commitment to pay. Survey Guarantee in effect; substitutions allowed.

Outstanding balances due CT ACHCA MUST be satisfied before registering for this event.

Facility Membership in CAHCF or LeadingAge CT IS NOT the same as Membership in the College. Not sure if you're an ACHCA Member? SEE www.ctachca.org/chaptermembers.htm for current listing; NOW would be a good time to join the College!

Make checks payable to "CT ACHCA"

Mail to: CT ACHCA
 c/o CAHCF/CCAL
 213 Court Street Suite 202
 Middletown, CT 06457
 Fax to: 860-290-9478 or e-mail to rbrown@cahcf.org

For additional information please contact Rick Brown (860-290-9424; rbrown@cahcf.org)