

# 2017 Annual Conference & Home Care Exhibition

April 26-28, 2017

## Registration Form

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Attendance Selection	MAHC Member Rate	Non-Member Rate
Full Conference - 1 person	\$475	\$950
Full Conference - 2-5 people	\$425 each	\$950
Full Conference - 6 or more people	\$365 each	\$950
Thursday & Friday Only	\$350	\$700
*Therapy Conference Only <i>(Any therapy registrants, please use gray Therapy Conference registration box below)</i>	\$275	\$550

PLEASE PRINT OR TYPE

Photocopy as needed

PARTICIPANT INFORMATION		Annual Conference		
Name	Email	Full Conference	Thurs/Fri Only	Fee

**\*Therapy Conference**—Therapy conference attendees can choose to come on Wednesday only or take advantage of attending the full conference at the full conference rates noted above and could count toward the multiple attendee discounts offered. Please list any therapist attending, whether full conference or just Wednesday.

PARTICIPANT INFORMATION		Therapy Annual Conference		
Name	Email	Full MAHC Conference	Therapy Only	Fee

TOTAL FEES ENCLOSED \$ \_\_\_\_\_  
AC17



**Mail Registration & Payment to:**  
Missouri Alliance for Home Care  
2420 Hyde Park, Suite A  
Jefferson City, MO 65109-4731  
Phone: (573) 634-7772 Fax: (573) 634-4374

**Conference Cancellation Policy:** Cancellations received by April 1, 2017 are eligible for a 90% refund. Cancellations received on or after April 2, 2017 are eligible for a 50% refund. No refunds granted for cancellations received after April 20, 2017. We will bill for unfulfilled reservations at the full rate.

**CE Monitors Needed – Please Volunteer!**  
*See page 12 for details.*

Name: \_\_\_\_\_

Workshop #s: \_\_\_\_\_

Name: \_\_\_\_\_

Workshop #s: \_\_\_\_\_

Name: \_\_\_\_\_

Workshop #s: \_\_\_\_\_