

Registration Form

2025 Annual Conference & Home Care Exhibition - FULL Conference

April 30 - May 2, 2025

Company: _____

Address: _____

City, State, Zip: _____ Phone: _____

Attendance Selection:

MAHC Member Rate:

Non-Member Rate:

1 person	\$499 Check / \$512 Credit Card	\$998 Check / \$1023 Credit Card
2 - 5 people (each)	\$449 Check / \$460 Credit Card	\$998 Check / \$1023 Credit Card
6 or more people (each)	\$399 Check / \$409 Credit Card	\$998 Check / \$1023 Credit Card

*To receive multiple-attendee discount, all registrants must be employed by the company listed above.

One-Day Therapy or HCBS Conference Option - Attendees have the flexibility to register for a single-day Therapy or HCBS Conference on Thursday (see separate registration form) or take advantage of the full MAHC Conference rate, which also qualifies for multiple attendee discounts. Please select the appropriate box if a full conference attendee will also be participating in the Therapy or HCBS one-day sessions.

PLEASE PRINT LEGIBLY OR TYPE - Photocopy as needed

Participant Name	Email Address	Fee	Full ONLY	Full PLUS Therapy	Full PLUS HCBS
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Fees Enclosed: \$ _____ Please pay either by credit card or check. Information below for both.

For security reasons, if paying via credit card, please fax or mail (not e-mail) your registration form

Name as it appears on card: _____

Visa Discover

CC#: _____ Exp. Date: _____

MC Am. Express

CVC (3 or 4 digit code): _____ Billing Address: _____

Signature: _____



Mail Registration & Payment to:
Missouri Alliance for Home Care
2420 Hyde Park, Suite A
Jefferson City, MO 65109-4731

Questions? Contact Us!
Phone: (573) 634-7772
Fax: (573) 634-4374
Email: admin@mahcmail.org

Conference Cancellation Policy: Cancellations received by April 9, 2025 are eligible for a 90% refund. Cancellations received on or by April 23, 2025 are eligible for a 50% refund. No refunds granted for cancellations received after April 23, 2025. We will bill for unfulfilled reservations at the full rate.

Classroom Monitors Needed - Please Volunteer!
See page 16 for details.

Name: _____
Workshop #s _____

Name: _____
Workshop #s _____

Name: _____
Workshop #s _____