

Registration Form

2025 Annual Conference & Home Care Exhibition - Therapy or HCBS ONLY Conference

May 1, 2025

Company: _____

Address: _____

City, State, Zip: _____ Phone: _____

Conference Selection:

Pricing Rate:

Therapy Conference

\$299 Check / \$308 Credit Card

HCBS Conference

\$199 Check / \$205 Credit Card

Please select the appropriate box for the Conference you are registering for.

PLEASE PRINT LEGIBLY OR TYPE - Photocopy as needed

Participant Name	Email Address	Fee	Therapy	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"/>

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 Name _____

Name: _____
 Workshop Name _____

Name: _____
 Workshop Name _____