## 2024 Annual Conference & Home Care Exhibition

April 24-26, 2024 Registration Form

Company:	Phone: _	Phone:				
Address:	Fax:	Fax:				
City, State, Zip:						
Now Two Ways to Pay! Che	eck or Credit Card (Visa, MasterCard, Disc	cover or AMEX)	Discou	nt applied if pa	ying by check!	
Attendance Selection	on MAHC Member	Rate I	Non-Member Rate			
Full Conference - 1 person Full Conference - 2-5 people (ea Full Conference - 6 or more peo *To receive multiple-attendee discou Therapy Conference Only**		edit Card edit Card oany listed above.	\$998 Cl \$998 Cl	neck/\$1023 Cred neck/\$1023 Cred neck/\$1023 Cred neck/\$625 Cred	dit Card dit Card	
F	PLEASE PRINT LEGIBLY OR TYPE-	Photocopy a	s nee	ded		
Participant Name	Email Address				Fee	
conference at the full conference attending, whether full conference	apy conference attendees can choose to come rate noted above and could count toward the se or just Thursday. Email Address					
Registration Fees  Name as it appears on card:	Payable by check or credit of	card Ussa	□ (d	Check  Discover	☐ Credit Card☐ Am. Express	
	Exp. Date:			_		
TOTAL FEES ENCLOSED \$		5	ignature	··		
-	<del></del>				AC24	
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			Classroom Monitors Needed – Please Volunteer!  See page 14 for details.  Name:  Workshop #s:			

Conference Cancellation Policy: Cancellations received by April 1, 2024 are eligible for a 90% refund. Cancellations received on or by April 17, 2024 are eligible for a 50% refund. No refunds granted for cancellations received after April 17, 2024. We will bill for unfulfilled reservations at the full rate.

Email: education@mahcmail.org

Classroom Monitors Needed – Please Volunteer! See page 14 for details.					
Name:					
Workshop #s:					
Name:					
Workshop #s:					
Name:					
Workshop #s:					