

1. ATTENDEE INFORMATION PRINT OR TYPE (One Registrant per Form)

First Name: _____ Last Name: _____
 Title: _____ Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____ CC Email: _____
 Emergency Contact: _____ Phone: _____

Special Dietary Needs (i.e. vegetarian, allergies, etc.) ADA Reasonable Accommodation

Please Specify: _____

Please contact LeadingAge California at (916) 469-3367 if you require reasonable accommodations to fully participate.

2. REGISTRATION FEES

CATEGORY	FULL CONFERENCE MARCH 25 - 27, 2019 <i>Received by March 8</i>		SINGLE DAY - Select ONE <input type="checkbox"/> Tuesday, March 26, 2019 <input type="checkbox"/> Wednesday, March 27, 2019 <i>Received by March 8</i>	
	Member	Non-Member	Member	Non-Member
Group Rate <i>(4+ from same provider organization)</i>	<input type="checkbox"/> \$355	N/A	N/A	N/A
Provider/Business Partner	<input type="checkbox"/> \$415*	<input type="checkbox"/> \$705*	<input type="checkbox"/> \$299*	<input type="checkbox"/> \$439*
Trustee	<input type="checkbox"/> \$295*	<input type="checkbox"/> \$495*	<input type="checkbox"/> \$199*	<input type="checkbox"/> \$298*
Resident/Student	<input type="checkbox"/> \$189*	<input type="checkbox"/> \$189*	<input type="checkbox"/> \$99*	<input type="checkbox"/> \$99*
Government	N/A	<input type="checkbox"/> \$175*	<input type="checkbox"/> N/A	<input type="checkbox"/> \$110*

*** Fees increase \$100 when registering onsite**

Group Rate discount is available for groups of four (4) or more from the same provider organization and are for Full Conference Registrations only.

All group registrations must be submitted together to qualify for the discounted rate.

Full Conference Registration Includes – Monday Evening Welcome Reception, Education Sessions, Legislative Visits, Breakfast and Lunch both days

Tuesday Registration Includes – Monday Evening Welcome Reception, Tuesday Education Sessions, Legislative Visits, Breakfast and Lunch

Wednesday Registration Includes – Wednesday Education Sessions, Breakfast and Lunch

3. LEGISLATIVE VISIT REGISTRATION

All Full Conference and Tuesday registrants are scheduled for legislative visits.

I volunteer to be a TEAM LEADER

4. PAYMENT

TOTAL\$ _____

VISA/MASTERCARD AMEX Check Card# _____ Exp: _____

Cardholder's Name: _____ CVV: _____

Cardholder's Signature: _____

Online Registration: www.leadingageca.org/rise2019 • **Fax:** 916-254-5741

Please make checks payable to: LeadingAge California • 1315 I Street, Suite 100, Sacramento, CA 95814