

STEP 1

National Association for Home Care & Hospice 25th Annual Meeting & Exposition

Baltimore Convention Center • Baltimore, Maryland • October 14-18, 2006



ADVANCE REGISTRATION FORM

NEW! This year a full compilation CD-ROM, which contains the audio recorded LIVE synchronized to PowerPoint of all the sessions (as released for inclusion) is included in your registration.

Listen once again to a motivated informative address, or hear for the first time a compelling session you may have missed...
No need to worry about missing a session!

FULL CONFERENCE REGISTRATION FEE

Number of Attendees	CEO School	By 9/1/06		By 9/22/06		After 9/22/06 or On-Site	
		Member	Non-Member	Member	Non-Member	Member	Non-Member
1st & 2nd Attendees	\$175	\$1,020	\$1,545	\$1,120	\$1,645	\$1,220	\$1,745
3rd & 4th Attendees	\$175	\$825	\$1,220	\$905	\$1,395	\$975	\$1,370
5th thru 9th Attendees	\$175	\$645	\$895	\$680	\$945	\$735	\$995
10th & Above	\$175	\$545	\$745	\$570	\$770	\$610	\$795

Primary Registrant's First Name _____ Last Name _____

Title _____ NAHC Member ID# _____

Organization _____

Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Phone _____ Fax _____

Email _____

*Price per attendee
Cost to attend by individuals day

Choose which day you want to attend:

SUNDAY	MEMBER \$640	TUESDAY	NON MEMBER \$740
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MONDAY		WEDNESDAY	
<input type="checkbox"/>		<input type="checkbox"/>	

Opt out Options: If you do not wish to take advantage of the CD-ROM as part of your registration, check this option and full conference registration rate will be reduced by \$195 or your individual day registration rate will be reduced by \$95.

Space is limited for the Tuesday night gala. Do you plan to attend?*

STEP 2 • Use the Price Table above to determine the fees for each person in your group

						Subtotal
1. Primary Registrant	Title	Email	Spouse	<input type="checkbox"/> Yes, self <input type="checkbox"/> Yes, spouse		\$ _____
2. First Name	Last Name	Title	Email	Spouse	<input type="checkbox"/> Yes, self <input type="checkbox"/> Yes, spouse	\$ _____
3. First Name	Last Name	Title	Email	Spouse	<input type="checkbox"/> Yes, self <input type="checkbox"/> Yes, spouse	\$ _____

Add Additional Attendees on a Separate Sheet

STEP 3

Total Registration Fees (from Step 2 above) \$ _____

Add \$125 per Spouse \$ _____

TOTAL ENCLOSED \$ _____

Check enclosed payable to NAHC
 Visa, MasterCard, Discover, or American Express.

Faxed and online registrations will not be processed without credit card information. Credit cards will be billed immediately.

Card # _____ Expiration Date _____

Card Holder's Name _____ Card Holder Signature _____

Billing address (if different from above) _____

Mail form to:
NAHC 2006
Annual Meeting
PO Box 91486
Washington DC 20090

Fax: 202-547-3660

Online: www.nahc.org

Questions: (202) 547-7424
meetings@nahc.org

Special Needs _____

*Admission to the Black Tie Dinner Gala is included in the full conference registration fee.