

## Program Registration Form – Long Term Care

To register: Remit payment and completed registration form by mail to the American Health Lawyers Association • P.O. Box 79340 • Baltimore, MD 21279-0340 or fax with credit card information to (202) 775-2482. To register by phone call (202) 833-1100, prompt #2. To register online go to [www.healthlawyers.org/programs](http://www.healthlawyers.org/programs).

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Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_  
 First Name for Badge (if different than above): \_\_\_\_\_ Spouse/Guest Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+ 4: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

All members of AHLA, AAHSA, AHCA, ALFA, ASHA, FAHA, FL Bar Health Law Section, NAHC and NCAL are entitled to member rates

Early Registration Fees (faxed/postmarked and paid on or before January 27, 2010):

Members:  \$790      In-House Counsel Members:  \$690      Non-Members:  \$1015

\$715 each additional member registering from same organization at same time on the same check or credit card payment       \$550 Non-Attorney Provider

Registration Fees (faxed/postmarked and paid between January 28 and February 11, 2010):

Members:  \$915      In-House Counsel Members:  \$690      Non-Members:  \$1140

\$940 each additional member registering from same organization at same time on the same check or credit card payment       \$550 Non-Attorney Provider

I will require:  audio  visual  mobility  I have special dietary needs  other assistance \_\_\_\_\_

I am a Member of:  AHLA       AAHSA       AHCA       ALFA       ASHA       FAHA  
 FL Bar Health Law Section       NAHC       NCAL

### PAYMENT INFORMATION

Please fill in applicable amount: (Sorry! Registrations cannot be processed unless accompanied by payment.)

\$ \_\_\_\_\_ Registration Fee

\$ \_\_\_\_\_ Interactive Discussion Group (\$40) (Wednesday, February 17) (please indicate group you plan to attend)

1. Advanced Survey Enforcement       3. Nursing Facility In-House Counsel  
 2. Conversations with Government       4. Assisted Living In-House Counsel

\$ \_\_\_\_\_ Long Term Care, Senior Housing, In-Home Care and Rehabilitation Practice Group Luncheon (\$35 for members of the LTC-SIR PG/\$45 for non-members of the LTC-SIR PG; Thursday, February 18)

\$ \_\_\_\_\_ Labor and Employment Practice Group Luncheon (\$35 for members of the Labor PG/\$45 for non-members of the Labor PG; Friday, February 19)

\$ \_\_\_\_\_ Printed Course Materials (\$75)

\$ \_\_\_\_\_ Spouse/Guest Fee (\$50)

\$ \_\_\_\_\_ Membership Dues (Date admitted to the bar/graduated:   /   /   )

\$ \_\_\_\_\_ Total Enclosed

Check enclosed (Make checks payable to American Health Lawyers Association)

Bill my credit card:        

Number: \_\_\_\_\_ Exp. Date:   /   /

Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

ZIP Code of Cardholder's Billing Address: \_\_\_\_\_

**Discounted Registration Fees:** Government employees, academicians, solo practitioners and students: please call for special discounted fees.

Please Note: Should your credit card total be miscalculated, AHLA will charge your credit card for the correct amount. To receive a refund of the registration fee paid minus \$125, cancellation notice must be received in writing by February 10, 2010. Please see page 18 of this brochure for AHLA's full refund policy.

### Printed Course Materials

All attendees will receive an electronic version of the full set of course materials for the program. If you would like to purchase a binder, please indicate that below:

I am registering for the Long Term Care Program and would like to purchase the binder for \$75