

REGISTRATION FORM

Registration is now open! Don't miss out on the Paid Early Bird rate. Your registration invoice must be paid in full by July 6th in order for the early bird rate to apply; otherwise, your registration rate will increase \$50 until August 1st. If still unpaid by August 1st, your registration rate will increase \$100. Please complete and return this form in order to attend. Payment can be mailed to HCAF at 2236 Capital Cir NE, Ste 206, Tallahassee, FL 32308, or faxed to (850) 222-9251. Allow 2-3 business days for processing. To register additional people, please do so online at www.homecarefla.org/conference. Please call (850) 222-8967 if you have any questions. See you in Orlando this summer!

REGISTRANT FIRST & LAST NAME

EMAIL ADDRESS

COMPANY NAME

PHONE NUMBER / FAX NUMBER

ADDRESS

PROFESSIONAL LICENSE NUMBER (SPECIFY STATE & TYPE)

CITY / STATE / ZIP

JOB TITLE

MEDICARE PROVIDER NUMBER

[] I do not wish to have my email address shared with exhibitors

ATTENDANCE OPTIONS (see second page)

Total Due \$_____

NAME ON CREDIT CARD

BILLING INFORMATION

- () Invoice Me (email: _____)
() Check (payable to HCAF)
() American Express
() Discover
() MasterCard
() VISA

CARD NUMBER (Option: Call us to provide #)

EXPIRATION DATE SECURITY CODE

BILLING ADDRESS

CITY / STATE / ZIP

PAYMENT & CANCELLATION POLICY: Cancellations must be made in writing or by email to Julia Heath at jheath@homecarefla.org. Cancellations received before July 6th are subject to a 15% fee. Cancellations received after July 6th are subject to a 40% fee. No refunds will be issued after July 13th. Outstanding invoices after July 13 are due in full and no adjustments will be made. Several people cannot share one registration, but if a registrant cannot attend, then a substitute can attend in his/her place for no additional fee.

HCAF 2018 ANNUAL CONFERENCE & TRADESHOW

Directions: Mark your selections below and submit this form by mail/fax to the address/number provided below.

REGISTRANT FIRST & LAST NAME

COMPANY

*Fees listed below are Paid Early Bird Rates. If your invoice is not paid in full by July 6th, the rates below will increase \$50 until August 1st. If still unpaid by August 1st, the rates below will increase \$100. *

HCAF MEMBERS	PROSPECTIVE MEMBERS
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PACKAGE RATES		HCAF MEMBERS	PROSPECTIVE MEMBERS
	<input type="checkbox"/> 3-Day Conference Monday, Tuesday, Wednesday (7/30-8/1)		\$620
<input type="checkbox"/> 4-Day Conference Sunday, Monday, Tuesday, Wednesday (7/29-8/1) Please select 1 AM and 1 PM or 1 ALL DAY session on Sunday. <input type="checkbox"/> AM: Case Management & Documentation Griffin & Crumbley 9am-12pm <input type="checkbox"/> AM: QAPI Litwin 8am-12pm <input type="checkbox"/> PM: Palmetto Canaan & Foster 1pm-5pm <input type="checkbox"/> PM: Survey Griffin & Crumbley 1pm-5pm <input type="checkbox"/> PM: VBP Gaboury 1pm-5pm <input type="checkbox"/> ALL: ICD Beginners Sparks 9am-5pm <input type="checkbox"/> ALL: Referrals Stover & Lewallen 9am-5pm <input type="checkbox"/> ALL: Wage Hour 1001 Spinola, Donev, Kurtyka, Murphy, Waugh & Young 8am-5pm		\$750	\$1,500

SINGLE DAY		HCAF MEMBERS	PROSPECTIVE MEMBERS	
	<input type="checkbox"/> Sunday Only 7/29 Includes breakfast, lunch and reception		\$200	\$400
	<input type="checkbox"/> Monday Only 7/30 Includes breakfast, lunch and reception		\$300	\$600
	<input type="checkbox"/> Tuesday Only 7/31 Includes breakfast, lunch and reception		\$300	\$600
<input type="checkbox"/> Wednesday Only 8/1 Includes breakfast, lunch and reception		\$200	\$400	

Home Care Association of Florida
 2236 Capital Cir NE, Ste 206
 Tallahassee, FL 32308
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 F: (850) 222-9251

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