

Registrants, CIRCLE ONE:

FULL CONFERENCE (May 25-27)

	Member	Nonmember
Early Bird (by April 9)	\$599	\$899
Advance (by May 14)	\$699	\$999
On-Site (AFTER May 14)	\$850	\$1,125
State Affiliates/Chapters: Board Chair or Executive Director only	Comp	Comp
Speaker/Presenter	\$599	\$599
Student/Regulator/ Government	\$599	\$599
Spouse/Guest*	\$325	\$325

MAY 25 OR 26

Early Bird (by April 9)	\$350	\$500
Advance (by May 14)	\$400	\$550
On-Site (AFTER May 14)	\$450	\$600

EXPO ONLY

Tuesday	\$99	\$150
Wednesday	\$99	\$150

Spouse/Guest Name: _____

* Spouse/Guest registration is intended for the spouses or significant others of full conference attendees only, and is not available for employees of senior living providers or suppliers. Includes general sessions, meal functions, attendee materials, and admission to the Expo Hall. Spouses/Guests are ineligible to receive continuing education (CE) credit.

RSVP—Check all that apply:

- ALFA Awards Lunch—May 25, 2010
- Expo Hall Reception—May 25, 2010
- Expo Hall Lunch—May 26, 2010

PAYMENT INFORMATION

TOTAL PAYMENT \$ _____

- Check – Make checks payable to ALFA
- VISA MasterCard AMEX

Card # _____

Exp. Date _____ / _____

Name on Card _____

Billing Address _____

Billing City/State/ZIP _____

Signature _____

I agree to pay the total amount according to the card issuer's agreement

- Check here if you require Special Needs



Cancellation/Refund Policy:

ALL CANCELLATIONS MUST BE MADE IN WRITING ON OR BEFORE APRIL 9, 2010. There will be a \$150.00 administrative fee for each refund request. Refunds for fees paid by check will be processed after the conference.

The most important event for senior living executives



Conference & Expo • Phoenix • May 25-27

Fax Form to 301.694.5124 or

Register Online at www.alfaconferenceandexpo.com

First Name* _____ Last Name* _____

Title _____

Name for Badge* (ex. Bob vs. Robert) _____

Community* _____ Parent Company _____

Company Name for Badge* _____

Address _____

City _____ State _____ ZIP Code _____

Country _____

Phone _____ Phone Ext. _____ Cell Phone #* _____

Fax _____ Web Address _____

E-mail* _____

Twitter Handle _____

Emergency Contact _____

Emergency Contact Phone _____

*Required fields Check here if you wish to opt out of conference text messages

1. What category best describes your business? (for non-members only)

- Assisted Living
- Assisted Living with Dementia/Alzheimer's Care
- Dementia/Alzheimer's Care only
- CCRC
- Independent Living
- Combination of Senior Housing Types
- Vendor/Supplier to the Industry
- Other

2. Are you a first time attendee?

- Yes No

3. Have you recently joined your company as an employee within the past 12 months?

- Yes No

4. Please specify the ownership type of your company.

- Publicly Traded
- Privately Held
- For Profit
- Non-Profit

5. Please specify the total # of communities operated by your company.

- 0-10
- 11-25
- 26+

6. Please indicate your company's total resident capacity # of assisted living units. _____

7. Please indicate your company's total resident capacity # of independent living units. _____

8. Are you responsible for recommending or making purchase decisions?

- Yes No

9. Do you recommend or approve purchases for multiple communities?

- Yes No

If yes, how many communities?

- 0-10
- 11-25
- 26+

If yes, approximately what dollar amounts does your department buy annually?

- \$0- \$10,000
- \$11,000 - \$20,000
- \$21,000-\$50,000
- \$50,000+

10. What are top vendors/services you would like to find out more about in the next 12 months?

- Staffing/Training Services
- Medical Supplies/Equipment/ Furniture
- Architecture/Building/ Construction
- Financing/Lending
- Marketing/Sales Services
- Food Services
- Technology
- Transportation
- Insurance Services
- Resident Service Providers
- Other _____

11. Would you like to be contacted to speak at upcoming events?

- Yes No
- Please specify topic(s)
- _____
- _____

12. Will you be applying for CEU (Continuing Education Credits) for this conference?

- Yes No

13. If you were an ALFA member in 2009 and have not renewed for 2010, does your company plan to renew ALFA membership in 2010?

- Yes No Do not know

- Need more information on Membership

QUESTIONS?

- **Toll Free Phone:** 800.974.3084
- **Local Phone:** 847.996.5876
- **Fax:** 301.694.5124
- **E-mail:** ALFA@experient-inc.com
- **Mail:** ALFA 2010 Registration - PO Box 713 - La Grange, IL 60525

Assisted Living Federation of America



Serving Seniors for 20 Years