

**Forum on Technology and Design for Healthy Aging: What You Can Do NOW
Thursday, May 28, 2009**



Conference Registration Form

ATTENDEE INFORMATION:

FIRST NAME

LAST NAME

PROFESSION/OCCUPATION/MAJOR
IF CURRENTLY A STUDENT

ORGANIZATION/COMPANY/COMMUNITY

E-MAIL

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

How did you hear about the conference?

REGISTRATION FEE:

Registration includes one day conference, continental breakfast, lunch, morning and afternoon breaks.

_____ Full Registration \$109

_____ Student Registration \$80

_____ Check here if you are a student in architecture or nursing and applying for conference scholarship

CONTINUING EDUCATION CREDITS:

Seven hours of CEUs certified by the Washington State Board of Nursing Home Administrators available.

_____ Check here if you want to apply for these credits

_____ Architects

_____ Certified Professional Guardians

_____ Nurses

_____ Social Workers

_____ LTC administrators

PAYMENT:

_____ **Credit Card** Type of card: Visa ___ MasterCard _____

Name on Card _____

Number: _____ Expiration Date: _____

CVB# _____ (3 digit number on back of card)

_____ **Check**

Please send your check payable to "LTC Conference" with the registration form to the address below.

Cancellation Policy:

All cancellations received in writing (e-mail or USPS) on or before May 21, 2009, are subject to a cancellation fee of \$25 per registered attendee. After May 21, 2009, you will not receive a refund.

HOTEL RESERVATIONS:

Contact hotel directly for special conference rate of \$159 (+12.4% tax): 1-800-222-TREE (8733) or 206-246-8600, or www.seattleairport.doubletree.com.

TO SUBMIT:

Print form and mail to:

Institute on Aging
Box 357134
University of Washington
Seattle, WA 98195-7134

