CONFERENCE / SUMMIT REGISTRATION

INTERNATIONAL COUNCIL ON ACTIVE AGING ICAA

ICAA • 603-1112 West Pender Street
Vancouver, BC, V6E 2S1
866.335.9777 604.734.4466

FAX IT FAST 604.708.4464

Name_____ Title_____
(Required)

Organization/Agency_____

Mailing Address_____

City_____ State/Province_____

Country_____ Zip/Postal Code_____

Phone (_____)_____ Cell (_____)_____
(Required)

Email_____

How did you hear about ICAA?_____

ICAA Conference/Summit, October 10-12, 2019, Orlando, Florida

REGISTRATION FEES

Registration includes educational seminars, general sessions, handouts, entry to the exhibit hall, as well as an **ALL ACCESS PASS to ICAA Conference/Summit,** Oct 10-12. (Does not include preconference or CEUs.)

Registration fees in US dollars. To receive group discount, all attendees from the same organization must register at the same time and pay with one check or credit card.

Member rate	On or before Aug 26	After Aug 26
1st registration	$469.00	$569.00
2nd & 3rd	$419.00	$509.00
4th or more	$219.00	$329.00

Attendee registration $_____

☐ 1st attendee ☐ 2nd attendee ☐ 3rd attendee ☐ 4th attendee ☐ 5th attendee

Non-Member rate	On or before Aug 26	After Aug 26
1st registration	$499.00	$589.00
2nd & 3rd	$449.00	$529.00
4th or more	$259.00	$359.00

Attendee registration $_____

☐ 1st attendee ☐ 2nd attendee ☐ 3rd attendee ☐ 4th attendee ☐ 5th attendee

ADDITIONAL ACTIVITIES

Add preconference workshop, $99 ea $_____
- ☐ Group exercise for people with Parkinson's
- ☐ Walk strong and tall
- ☐ Splash! Surf & turf functional play-out
- ☐ From a healthy brain to Alzheimer's

Add continuing education units, $35 before Sept. 30; $50 on-site $_____

Add ICAA individual membership, $225.00 $_____

Add ICAA organization membership, $669.00 $_____

TOTAL $_____US

PAYMENT INFORMATION

All prices in US Dollars
- ☐ Check (payable to International Council on Active Aging)
- ☐ Please charge my VISA or MasterCard (Circle one)

_____/_____/_____/_____
Card Number

_____ _____
Expiration Date CVV

_____
Name on Card (please print)

_____
Signature (required for all charges)

_____

Check off organization: (REQUIRED)
- ☐ Retirement (Check one)
  - ____ Active adult community
  - ____ Assisted living
  - ____ Independent living
  - ____ Skilled nursing
  - ____ CCRC
- ☐ Area Agency on Aging
- ☐ Hospital, rehab or wellness center
- ☐ YMCA/YWCA/JCC
- ☐ Municipality
- ☐ College/university
- ☐ Health club
- ☐ Corporate fitness center
- ☐ Personal training studio
- ☐ Architectural firm
- ☐ Consulting firm
- ☐ Association
- ☐ Other (Please specify)

_____

Check off your role in purchasing or leasing decisions (REQUIRED)
- ☐ Final decision
- ☐ Specify brands
- ☐ Recommend
- ☐ No role

Register today toll-free: 866.335.9777 or fax to: 604.708.4464