



**Host Site Registration**  
**Active Aging Week 2009: September 21 – September 27**

Thank you for registering your organization as a host site. ICAA will list your organization on the ICAA website so older adults, their families and the media can find Active Aging Week activities in their areas.

Please send the registration to ICAA: Fax to 604-708-4464. E-mail as an attachment to juliemilner@icaa.cc. Mail to ICAA, 3307 Trutch St, Vancouver, BC, V6L 2T3

**PUBLIC INFORMATION TO LIST ON ICAA WEBSITE:**

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State/Province: \_\_\_\_\_

Contact name for public: \_\_\_\_\_

Phone number: \_\_\_\_\_

Website: \_\_\_\_\_

Activities that are scheduled:

- |   |  |
|---|--|
| <input type="checkbox"/> Demonstrations             | <input type="checkbox"/> Lectures or workshops               |
| <input type="checkbox"/> Fitness classes            | <input type="checkbox"/> Open house, free access to facility |
| <input type="checkbox"/> Games or sports            | <input type="checkbox"/> Walking                             |
| <input type="checkbox"/> Health fair                | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Health lectures or classes | _____  |
|   | _____  |

**ICAA-ONLY CONTACT INFORMATION:** This will not be posted on the website.

Contact person: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

How would you describe your facility?

- |   |  |
|---|--|
| <input type="checkbox"/> Active Adult Retirement Community    | <input type="checkbox"/> Independent Living                  |
| <input type="checkbox"/> College/University                   | <input type="checkbox"/> Personal Training Studio            |
| <input type="checkbox"/> Continuing Care Retirement Community | <input type="checkbox"/> Seniors Center or Recreation Center |
| <input type="checkbox"/> Corporate Fitness Center             | <input type="checkbox"/> Area Agency on Aging                |
| <input type="checkbox"/> Health/Athletic Club                 | <input type="checkbox"/> YMCA/YWCA/JCC                       |
| <input type="checkbox"/> Hospital/Rehab or Wellness Center    | <input type="checkbox"/> Other _____                         |

**THANK YOU** for participating in Active Aging Week and registering your organization.