

INTERNATIONAL COUNCIL ON ACTIVE AGING



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 Virtual Conference/Summit, October 27 & 28 + November 5 & 6, 2020

REGISTRATION FEES

Registration includes educational seminars, general sessions, handouts, entry to the virtual expo, as well as an ALL ACCESS PASS to ICAA Virtual Conference/Summit, October 27 & 28 + November 5 & 6, 2020. (Does not include 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.

Table with 3 columns: Member rate, On or before Aug 31, After Aug 31. Rows for 1st, 2nd & 3rd, and 4th or more registrations.

Attendee registration \$ \_\_\_\_\_

- 1st attendee, 2nd attendee, 3rd attendee, 4th attendee, 5th attendee

Table with 3 columns: Non-Member rate, On or before Aug 31, After Aug 31. Rows for 1st, 2nd & 3rd, and 4th or more registrations.

Attendee registration \$ \_\_\_\_\_

- 1st attendee, 2nd attendee, 3rd attendee, 4th attendee, 5th attendee

ADDITIONAL ACTIVITIES

Add continuing education units, \$35 \$ \_\_\_\_\_

Add ICAA individual membership, \$202.50 Non-members, first-time only (10% discount) \$ \_\_\_\_\_

Add ICAA organization membership, \$602.10 Non-members, first-time only (10% discount) \$ \_\_\_\_\_

Add ICAA Foundation for Wellness Course \$299.00 (Regular price \$699.00) \$ \_\_\_\_\_

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