



ICAA • 603-1112 West Pender Street
 Vancouver, BC, V6E 2S1
 866.335.9777 604.734.4464

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, keynote 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 June 10	On or before Aug 26	After Aug 26
1st registration	\$339.00	\$459.00	\$559.00
2nd & 3rd	\$289.00	\$409.00	\$499.00
4th or more	\$199.00	\$209.00	\$319.00

Attendee registration \$ _____

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

Non-Member rate	On or before June 10	On or before Aug 26	After Aug 26
1st registration	\$399.00	\$479.00	\$569.00
2nd & 3rd	\$349.00	\$429.00	\$509.00
4th or more	\$229.00	\$239.00	\$339.00

Attendee registration \$ _____

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

ADDITIONAL ACTIVITIES

Add preconference workshop, \$99 ea \$ _____

Topics to be determined

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

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) \$ _____

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