



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           | After Aug 26 |
|-----------------------|--------------|
| 1st registration      | \$569.00     |
| 2nd & 3rd             | \$509.00     |
| 4th or more           | \$329.00     |
| Attendee registration | \$ _____     |

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

| Non-Member rate       | After Aug 26 |
|-----------------------|--------------|
| 1st registration      | \$589.00     |
| 2nd & 3rd             | \$529.00     |
| 4th or more           | \$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