



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	\$349.00	\$469.00	\$569.00
2nd & 3rd	\$299.00	\$419.00	\$509.00
4th or more	\$209.00	\$219.00	\$329.00

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	\$419.00	\$499.00	\$589.00
2nd & 3rd	\$369.00	\$449.00	\$529.00
4th or more	\$249.00	\$259.00	\$359.00

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