

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 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	On or before June 30	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 30	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 \$ _____

Group exercise for people with Parkinson's

Walk strong and tall

Splash! Surf & turf functional play-out

Additional workshop TBA

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