



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, November 9, 10 16 & 17, 2021

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, Leadership Summit & Expo**, November 9, 10, 16 & 17, 2021. (Does not include CEUs)

Recordings of all sessions will be available to you for 60 days post-event as part of your all-access pass.

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 August 5	After August 5
1st registration	\$249.00	\$349.00
2nd & 3rd	\$199.00	\$299.00
4th or more	\$109.00	\$209.00

Attendee registration \$ _____

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

Non-Member rate	On or before August 5	After August 5
1st registration	\$319.00	\$419.00
2nd & 3rd	\$269.00	\$369.00
4th or more	\$159.00	\$259.00

Attendee registration \$ _____

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

ADDITIONAL ACTIVITIES

Add continuing education units, \$45.00 \$ _____

Add ICAA individual membership, \$215.10
Non-members, first-time only (10% discount) \$ _____

Add ICAA organization membership, \$629.10
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