



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 November 8-10, 2022, Orlando, Florida**

**REGISTRATION FEES**

Registration includes educational seminars, general sessions, handouts, and entry to the exhibit hall. (Does not include preconference or CEUs.)

**2019 Pricing Held Over for 2022  
Conference and Leadership Summit**

Member rate	On or before July 8	On or before Aug 31	After Aug 31
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 July 8	On or before Aug 31	After Aug 31
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, \$119 ea \$ \_\_\_\_\_  
 Topics to be determined

Add continuing education units, \$45 before Sept. 30; \$55 on-site

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

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.

Register today toll-free: 866.335.9777 or fax to: 604.708.4464

**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