

## 2016 Utah Aging Alliance Conference September 30<sup>th</sup> 2016 Registration & Membership Form

Complete one form for each person attending and mail with payment to address listed. Early Bird Registration Deadline: must be received no later than September 15<sup>th</sup>, 2016

Theme: "The Business of Getting Old" Please submit Registration/Membership Form with payment by September 15th to:		Standing Committees (Check all that interest you)	
P. O. Box 521569	Registration & Membership	☐ Conferences/Mini-conferences ☐ Nominations / Elections ☐ Newsletter ☐ SCANS (Service Content & Netritional	☐ Education ☐ Membership
Salt Lake City, UT	84152-1569	☐ SCANS (Senior Centers & Nutritional	Services)
Nama		<b>CEUs Needed</b>	
		(Check any that are needed)  ☐ Other (Specify)	☐ Social Work
Company		Registration Fees	
Address		Fees include one (1) year Full UAA Membership as follows:	
City		General Membership\$40.00 Student Member\$20.00	
StateZip		Early Bird Full Conference (UAA Membership included) Before Sept 15th, 2016	
Work Phone (	)	☐ Full Conference	
Homo Dhono (		☐ Student (ID required)	
Home Phone ()         Cell Phone ()		☐ 10 or more from one group you get one registration free ☐ Special discount for students who present a poster \$60.00	
		_ special discount for state in sure pa	To the second se
	)	Full Conference (UAA Membership in 2016	ncluded) <b>After Sept 15<sup>th</sup>,</b>
E-mail		☐ Full Conference	\$160.00
Special Needs		☐ Student (ID required)	
		☐ 6 or more from one group\$145.00 ☐ 10 or more from one group you get one registration free	
		☐ Special Discount for Students who p	present a poster \$75.00
		Form of Payment	
Duefe e cien el lufe une etien		☐ Check Enclosed ~ Please make check payable to UAA	
Professional Information (Check all that apply)		<ul><li>Check in Mail</li><li>Payment through Pay Pal – Online only</li></ul>	
		(Payment can be made by credit car	rd online using Pay Pal) If
<ul><li>□ Advocate</li><li>□ Education</li></ul>	☐ Assisted Living☐ Extended Care Facility	you pay by Pay Pal please send a co form and list of attendees to <u>utahag</u> y	
☐ Home Health	☐ Government Employee	so we can verify the name of each a	
☐ Hospice	☐ Medical	purposes. For any payment issues co	
<ul><li>☐ Mental Health</li><li>☐ Legal</li></ul>	☐ Nutrition / Dietician☐ Private Practice	466-7210. Thank you!	
☐ Retired	☐ Senior Center		
☐ Student☐ Other	☐ Social Work		
		TOTAL AMOUNT DUE \$	