

**1** **General Information:** Complete this form, and fax to 317-733-2385, then mail a copy to LeadingAge Indiana Fall Conference, P.O. Box 68829, Indianapolis, IN 46268. You will receive a confirmation letter after your registration is processed. We suggest that you fax your registration before the September 28, 2012 deadline. Please make checks payable to LeadingAge Indiana and register EARLY!

**Facility:**  LeadingAge Indiana  INALA  HOPE  IHPCO  Non-Member

**Mailing Address:** **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**2** **First & Last Name**  
Please type or print your name as it should appear on your name badge.

**3** **Email Address**  
This is required for important reminders.  
i.inspire@serve.org

**Sample: Indiana Inspire**

MONDAY Keynote	MONDAY Session 2	MONDAY Awards Luncheon (no fee)	MONDAY Session 2	MONDAY Session 3	MONDAY Session 4	MONDAY Session 5	Educational Session Choices					
							Write the number of the session you will attend & whether you plan to attend special events.	TUESDAY Bus'n's Brkfst (\$15 fee)	TUESDAY Session 4	TUESDAY Session 5	TUESDAY Closing	
Yes	1B	INALA or LA IN (no fee)	2D	3D	Yes	4A	5C	Yes	Yes	Yes	Yes	Yes

**4** **Registration Fees/Payment:** All fees are priced on a per person basis, unless otherwise specified. The Member Fee is available to all LeadingAge Indiana, INALA, HOPE, & IHPCO members. The Samaritan Fee is for members who are also members of the Samaritan Alliance. Once you have completed this form, please fax it to 317-733-2385 to confirm your reservation.

	Member	Samaritan	Non-Member	Amount Due
<b>Individual: Monday, Tuesday</b>	\$249	\$125	\$349	\$ _____
<b>Individual: Monday Only</b>	\$189	\$95	\$265	\$ _____
<b>Individual: Tuesday Only</b>	\$129	\$65	\$180	\$ _____
<b>Facility Rate up to 7</b>	\$999	\$500	---	\$ _____
<b>Facility Rate up to 10</b>	\$1499	\$750	---	\$ _____
<b>Individual: Executive Breakfast</b>	\$15	\$15	\$20	\$ _____
<b>Tabletop Vendor: Reception</b>	\$25	\$25	\$25	\$ _____
<b>Tabletop Vendor: Exec Brkfst</b>	\$20	\$20	\$20	\$ _____

\* Trade Show Vendors will be required to pay a fee to attend the Networking Reception & Breakfast.

**Total Amount Due:** \$ \_\_\_\_\_  
The amount due is the total from that column under the Registration Fees.

**Four Ways to Register/Pay:**  
 by FAX: 317-733-2385  by MAIL: LeadingAge IN, P.O. Box 68829, Indianapolis, IN 46268  
 by WEB: register on-line at www.regonline.com/leadingage  
 by CREDIT CARD:  
 VISA  MASTER CARD  AMEX ]

Exp: \_\_\_\_\_ Signature: \_\_\_\_\_