



2009 ANNUAL MEETING REGISTRATION

REGISTER BY OCTOBER 12TH AND SAVE \$100

If you do not register online, fill out the following information and fax to 502-425-3431

FACILITY _____

CONTACT PERSON (for registration information) _____

ADDRESS _____

CITY, STATE & ZIP _____

PHONE _____ EMAIL _____ FAX _____

TAKE ADVANTAGE ONE STOP REGISTRATION

Register Online for the Annual Meeting and for the Galt House room reservations!

1. Go to www.kahcf.org
2. Click on Annual Meeting Registration
3. Follow the instructions and fill in all the required information
4. Click on Submit to complete the registration
5. If you have successfully submitted the registration, you will receive an email confirmation immediately

	ON/BEFORE October 12	AFTER October 12	
KAHCF MEMBER FACILITY			
Facility (1-10 people)	\$750	\$850	\$ _____
Freestanding PC (1-5 people)	\$415	\$515	\$ _____
Each Additional Registrant	\$50	\$75	\$ _____
KAHCF PLATINUM OR GOLD MEMBERS, OTHER TRADE SHOW EXHIBITORS			
One Attendee	\$200	\$300	\$ _____
Each Additional Registrant	\$50	\$75	\$ _____
KAHCF SILVER MEMBER OR PERSONAL MEMBER			
One Attendee	\$425	\$525	\$ _____
Each Additional Registrant	\$50	\$75	\$ _____
NON MEMBER FACILITY			
Facility (1-10 people)	\$1,200	\$1,300	\$ _____
Each Additional Registrant	\$50	\$75	\$ _____
NUMBER OF EVENT TICKETS			
	ON/BEFORE November 5	AFTER November 5	
____ Caregiver's Breakfast (Wednesday, November 11)	\$18	\$18	\$ _____
____ Awards Banquet and Dance (Thursday, November 12)	\$55	\$65	\$ _____
TOTAL			\$ _____

CHANGES IN REGISTRATION WILL BE TAKEN THROUGH NOVEMBER 6TH AND MUST BE SUBMITTED TO THE KAHCF OFFICE IN WRITING. AFTER NOVEMBER 6TH, CHANGES MUST BE MADE ON-SITE.

FACILITY REGISTRATION INCLUDES

- Registration for 1-10 people (1-5 for PC facilities)
- Seminar Handouts Available Online Only Prior to Convention
- Continental Breakfast (Wednesday & Thursday)
- Daily Beverage Breaks
- Trade Show Admittance
- Trade Show Luncheon
- Professional Achievement Awards Celebration
- Vendor-hosted Customer Appreciation Party

PAYMENT BY CREDIT CARD

☐ VISA ☐ MasterCard

Cardholder's Name _____

Credit Card Number: _____ Expiration Date _____

Cardholder's Signature _____

PAYMENT BY CHECK

Mail payment to:

KAHCF, Dept. 52200

P.O. Box 950174

Louisville, KY 40295-0174

SUBMITTING REGISTRATION FORMS

If you do not register online, please register for the educational sessions that facility staff will be attending on the enclosed Seminar Registration form. Mail or fax these two forms to the Association office.

Fax: 502-425-3431

9403 Mill Brook Road

Louisville, KY 40223

PAYMENT AND COLLECTION POLICY

Members shall pay for conventions or seminars in advance. All registrations must be accompanied by complete payment or a "purchase order." Registrations received without payment will not be processed until above conditions are met. If "purchase order" is used, full payment must be received seven (7) days prior to seminar or convention. Any payment not received prior to the event shall be billed at the non-member rate. All registrations received without payment or "purchase order" will be invoiced at time registration is received. If membership dues or any invoices are 90 days in arrears, registration fee for seminar or convention will be charged at the non-member rate unless payment is made in full seven (7) days prior to seminar or convention.

CANCELLATION POLICY

Cancellations received seven (7) workdays prior to the seminar date will receive a full refund. Cancellations received inside of seven (7) workdays will receive one-half refund. Participants who do not attend will not receive a refund unless prior written notice is given to the association office. All cancellations must be made in writing and may be mailed or faxed to the association office. Cancellations by phone WILL NOT be accepted.

NOTE: Contributions or gifts to KAHCF are not deductible as charitable contributions for federal income tax purposes.



SEMINAR REGISTRATION FORM
2009 ANNUAL MEETING

REGISTRANTS: Please complete this form (PLEASE TYPE) with the names and titles you would like to appear on your name badge(s). Circle the number of the seminar that you plan to attend in each time slot. The numbers correspond to the numbers on the enclosed educational program.

FACILITY NAME _____

Full Name

Title

I will attend these seminars:

1 2 3 4 5 6 7 8 9
10 11 12 13 14 15 16 17 18 19 20
21 22 23 24 25 26 27 28 29 30

Will you serve as a monitor for the session(s)
you have chosen? ____ Yes ____ No

Full Name

Title

I will attend these seminars:

1 2 3 4 5 6 7 8 9
10 11 12 13 14 15 16 17 18 19 20
21 22 23 24 25 26 27 28 29 30

Will you serve as a monitor for the session(s)
you have chosen? ____ Yes ____ No

Full Name

Title

I will attend these seminars:

1 2 3 4 5 6 7 8 9
10 11 12 13 14 15 16 17 18 19 20
21 22 23 24 25 26 27 28 29 30

Will you serve as a monitor for the session(s)
you have chosen? ____ Yes ____ No

Full Name

Title

I will attend these seminars:

1 2 3 4 5 6 7 8 9
10 11 12 13 14 15 16 17 18 19 20
21 22 23 24 25 26 27 28 29 30

Will you serve as a monitor for the session(s)
you have chosen? ____ Yes ____ No

Full Name

Title

I will attend these seminars:

1 2 3 4 5 6 7 8 9

10 11 12 13 14 15 16 17 18 19 20

21 22 23 24 25 26 27 28 29 30

Will you serve as a monitor for the session(s)
you have chosen? ____ Yes ____ No

Full Name

Title

I will attend these seminars:

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21 22 23 24 25 26 27 28 29 30

Will you serve as a monitor for the session(s)
you have chosen? ____ Yes ____ No

Full Name

Title

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you have chosen? ____ Yes ____ No