

Conference Registration Form



Please complete a separate form for each attendee, photocopies of this form will be accepted. Companies sending more than one attendee may pay all conference fees with one check to ALASD. **Deadline to register is August 31st, 2016.**

Mr. Mrs. Ms.

First Name Last Name

Company

Title

Street Address

City State Zip Code

Telephone Fax

Email

< Please mark if you are the voting representative for your facility (One voting delegate from each member facility).

ALASD Fall 2016 Conference Fees

Registration fee is per participant and includes all conference materials, Awards Breakfast, Tradeshow, and breaks for both days.

\$225 for ALASD Members (\$100 per additional person). Participants:

\$300 Non-Members per person. Participants:

GUEST TICKETS

Awards Breakfast \$10. Tickets:

Cancellations: Must be made in writing and received no later than September 1st, 2016 to receive a refund. Substitutions are welcome; please notify the office prior to the conference. All refunds, less a \$50 administrative fee, will be mailed within four weeks following the conference.

PAYMENT

Full Conference Registration: \$

Guest Tickets: \$

Discount (only if it applies) \$

TOTAL: \$

CONFIRM / UPDATE TOTAL by unselecting & selecting this box:

Please mail completed form with check made payable to:

**ALASD
P.O. Box 818
Yankton, SD 57078**

IMPORTANT: Please make sure TOTAL is correct & that you selected the correct number of participants. If not, please go back and review your answers and unselect/select the CONFIRM/UPDATE TOTAL box again.

Question for the Department of Health / Social Services roundtable discussion:

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