

# 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 September 11th, 2017.**

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 2017 Conference Fees

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

\$275 for ALASD Members (\$125 per additional person). Participants:

\$500 Non-Members per person, with \$100 going towards membership if you join. Participants:

### GUEST TICKETS

Awards Breakfast \$20. Tickets:

**Cancellations:** Must be made in writing and received no later than September 1st, 2017 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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