



For Office Use Only

Registration Fee \$ _____
Check # _____
Date _____

Registration Form

Please type or print clearly. One form per-person.



Name _____ Nickname (for Badge) _____
Company/Agency _____ Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____

e-mail _____

Please update my contact information for the NAPGCM database as listed above.

Please register online at www.caremanager.org or complete the Registration Form and return with a check or money order payable to NAPGCM or charge below to:

VISA/MC/AMEX # _____

Exp. _____

Signature _____

Card Holder's Name _____ (please print)

Mail To:

NAPGCM-2012 Conference Registration
3275 W. Ina Road, Suite 130, Tucson, AZ 85741
(520) 881-8008 • (520) 325-7925 FAX

Refund Policy: No refunds will be issued after March 30, 2012. Cancellations before that date will receive a refund minus a \$50 administration fee. Substitutions are welcome. Changes or cancellations must be made in writing to NAPGCM office.

Dietary Need: Vegetarian Kosher Gluten-free

I have a disability/special need that may require special accommodations in order for me to participate fully. Please contact me.

First Time Attendee: Yes No

In case of emergency, please contact:

Name _____

Phone _____

Relationship to You _____

Conference Registration Fees

	On or Before	After	After	
	March 7, 2011	March 7, 2011	March 30, 2012 OR	On-site

Full Registration (NAPGCM Member) \$469.....\$569.....\$669..... = \$ _____

Full Registration (Non Member)..... \$689.....\$789.....\$889..... = \$ _____

One-Day Registration Fees

Thursday \$299 – includes breakfast and lunch = \$ _____

Friday \$199 – includes breakfast = \$ _____

Saturday \$299 – includes breakfast and lunch = \$ _____

Continuing Education Certificates

Each requested certificate is \$12. All attendees receive one complimentary Uniform Certificate of Attendance in their registration packet.

I need (Please check all that apply):

\$12.00 Nursing/License # _____ \$12.00 WA State Guardianship
 \$12.00 Social Work/License # _____ \$12.00 National Guardianship
 \$12.00 CCM
 _____ # certificates @ \$12.00 per certificate = \$ _____
 (NACCM CMC – please use Uniform Certificate of Attendance provided at conference.)

Add-On Sessions

The sessions below require individual enrollment. Space is limited. Please indicate each session you wish to attend:

Pre-Session: Care Management 101 . \$200.....\$300.....\$400
 Wednesday, April 18th • 8am – 5pm _____ @ \$_____.00 = \$ _____

Pre-Session: here:now \$100.....\$200.....\$300
 Wednesday, April 18th • 2pm – 5pm _____ @ \$_____.00 = \$ _____

Special Session:
Slow Medicine Special Session..... \$100.....\$200.....\$300
 Friday, April 20th • 2pm – 5pm _____ @ \$_____.00 = \$ _____

Mid-Conference Intensive:
The Business of Geriatric Care (Free for Certified Member)
Management 201 \$100.....\$200.....\$300
 Friday, April 20th • 2pm – 5pm _____ @ \$_____.00 = \$ _____

TOTAL AMOUNT ENCLOSED = \$ _____

Breakout Sessions Selections

Full conference registrants can attend all of the sessions and regular meal functions at no additional charge. You may choose which sessions to attend on site.