MALA 2018 Fall Conference

Camden on the Lake, Lake Ozark, MO October 7-9, 2018

<u>ACCOMMODATIONS</u>: MALA has negotiated room rates <u>starting</u> at \$112 per night up to \$146 per night (plus tax). This price is guaranteed through **9/16/2018**. After 9/16/18 these rates are subject to room availability. For reservations, call (888) 365-5620 and mention **MALA 1018** for the conference group rate.

ATTENDEE REGISTRATION FORM

Limit 3 attendees per form, s		as needed. Print names				ake \$50 off the price for
If you want to confirm your	registration for the co	onference, please e-ma	il cindy@malarcf.or	g or keith@	malarcf.org or cor	
Name (Attendee 1):			Title:		LNHA/RCAL #:	
Name (Attendee 2):			Title:		LNHA/RCAL #:	
Name (Attendee 3):			Title:LNHA/RCAL #:			
Facility Name: *Required*		Phone or Email				
MALA Member: YES o	r NO (please circle)	Special diet:	yes (Type	e)	
Members are required to d MALA Corporate M (★) VOTING REPRESENTA	e annual membership meeting. e voting representative. 1 Attendee 2 Attendee 3		Are any of the registrants attending the MALA conference for the first time? If so, circle which attendee(s): 1 2 3			
Meals must b	orporate Members rece oe purchased for th	Regular (Bristol Care, Inc; Ancive one complimentary as e complimentary red (Bristol Care, Inc; Ancive one complimentary red (Bristol Care, Inc; Ancive one care, Inc; Ancive one complimentary red (Bristol Care, Inc; Ancive one care, Inc; Ancive one complimentary red (Bristol Care, Inc; Ancive one complimentary red (Bristol Care, Inc; Ancive one care, I	attendee registration g <u>istrants</u> . See Gu	for each pai est Meal F	d registration. Package section	,
Registration Prices.	(by 9/7/18)	(by 9/21/18)	(After 9/21/18)	\$50 off 3rd registration		
Member	\$295	\$350	\$400			
Non-Member	\$395	\$450	\$500			
☐ Single Day Regis	tration (no discounts) Includes meals, sessio	ns and exhibit hall on	Monday.	ber	Total
Sunday		\$100		\$200		
Monday		\$200		\$300		
Tuesday		\$165		\$265		
GUEST and CORPORATE MEAL PACKAGES			Price	Price Qty		Total
Monday - Breakfast and Lunch			\$50	\$50		
Tuesday - Breakfast and Lunch			\$50			
PAYMENT METHOD: Check (Payable to MALA)MasterCardVisaDiscover American Express						GRAND TOTAL
Credit Card #: Exp: MM YY					\$	
Three digit security code: (ba			∟∧ρ. ινιινι 1 i		<u> </u>	
All I	Registration Forms	•		9/7/18 to r		nust be <u>postmarked</u> by ed rate and to be <u>entered</u>
Registration is NOT com	plete until payment	t is received.		CANCELL	ATION POLICY: R	efunds will be given, less
Mail this form with payment to:Credit cardMissouri Assisted Living AssociationFax: (573)2407B Hyde Park RoadQuestions:				nents: a \$50 administrative fee, for written cancellation		or written cancellations 8. Such refunds will be