

2019 ANNUAL CONVENTION & EXPO

September 23-25, 2019 | DeVos Place & Amway Hotel, Grand Rapids, MI

Registration Packages & Rates: Early Bird Registration Rates Expire Friday, August 23

A: Full Package

B: Mon., Sept. 23 ONLY

C: Tues., Sept. 24 ONLY

D: Wed., Sept. 25 ONLY

E: Awards Luncheon ONLY

BEST VALUE!

Early Member Rate: \$585

Early Member Rate: \$300

Early Member Rate: \$300

Early Member Rate: \$300

Early Member Rate: \$75

Standard Member Rate: \$650

Standard Member Rate: \$400

Standard Member Rate: \$400

Standard Member Rate: \$400

Standard Member Rate: \$100

Non-Member Rate: \$950

TOTAL AMOUNT DUE: _____

HCAM & MCAL are pleased to continue the same registration rates as offered in 2018.

Facility/Company Membership Status

HCAM Member

MCAL Member

HCAM/MCAL Associate Partner

Non-Member

Attendee Information

Attendee Name: _____

Attendee Title: _____

Attendee Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Facility Information

Facility/Company: _____

Address: _____

City, State: _____

Zip: _____

Phone: _____

Special Dietary Needs: Vegetarian Vegan Kosher Life-Threatening Allergy to: _____ Moderate Allergy to: _____ Mild Allergy to: _____

HCAM/MCAL provides an attendee list of all registered attendees with name, title and facility only to partners, sponsors, and presenters. This list does NOT contain contact info such as email or phone. To opt-out of being included in the attendee list, please select opt-out on this registration form.

Opt-Out

CE Information

NAB Registry ID*: _____

**In order to receive NAB CEs for this conference, attendees with an NHA license must sign up with NAB for a CE Registry number. That number must be shared with HCAM/MCAL at the time of registration or no CEs will be given. For more information go to <https://www.nabweb.org/ce registry>.*

Nursing License Number*: _____

**In order to receive RN CEs for this conference, attendees must provide their nursing license number to share with ANCC.*

Payment Information

Payment Method: Visa Mastercard American Express Discover Check/Money Order Payable to "HCAM"

Credit Card Number: _____ Expiration Date: _____

Security Code: _____ Billing Zip Code: _____

Cardholder Signature: _____ Date: _____

To register now, submit this form by fax to (517) 627-3016 or by mail to HCAM, 7413 Westshire Dr, Lansing, MI 48917