

**NHCOA 2010 ANNUAL CONFERENCE  
REGISTRATION FORM**



**PLEASE COMPLETE AND SUBMIT TO:**  
**National Hispanic Council on Aging c/o Conference**  
**Registration** 734 15<sup>th</sup> Street NW, Suite 1050  
Washington, DC 20005  
Fax to: 202.347.9735  
Email to: [conference@nhcoa.org](mailto:conference@nhcoa.org) or  
**register online at** [www.nhcoa.org/conf](http://www.nhcoa.org/conf)

Our parents and grandparents are the core of our families and a valuable source of wisdom. At NHCOA we see our older adults as a treasure to society and we do our best to ensure they can participate in the discussions taking place at the Conference.

**For every full individual Conference registration that NHCOA receives, NHCOA will match that registration by providing an older adult with a FREE registration.**

**1. Badge Information: This is how your badge will read. Please type or print clearly.**

Salutation (circle one)      Mr.   Mrs.   Ms.   Dr.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Organization (no acronyms; please spell out) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**2. Registration Information:**

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact (required) \_\_\_\_\_

Emergency phone \_\_\_\_\_

### 3. Registration Fees: (check the appropriate registration rate and category)

#### PRE- EVENT (BEFORE 09/10/10)

- Individual: \$350
- Member of Hispanic Aging Network (Affiliate): \$195
- Professional in the field of aging (academic, researcher): \$225
- Full-time student: \$130
- Groups of 5 or more** receive \$30 discount per individual or member registration rates  
\$350 individual = \$320 with discount  
\$195 member = \$165 with discount
- One Conference day: \$195

Select ONLY one:

Tuesday, Sept. 28<sup>th</sup>

#### ONSITE (9/28/10 - 9/29/10)

- Individual: \$395
- Member of Hispanic Aging Network (Affiliate): \$250
- Professional in the field of aging (academic, researcher): \$275
- Full-time student: \$150
- Groups of 5 or more** receive \$30 discount per individual or member registration rates  
\$350 individual = \$320 with discount  
\$195 member = \$165 with discount
- One Conference day: \$195

Wednesday, Sept. 29<sup>th</sup>

For information on the availability of **senior scholarships**, please contact [rgriego@nhcoa.org](mailto:rgriego@nhcoa.org). Eligible persons must be age 65 and older with no institutional/organizational affiliation.

### 4. Method of Payment

- AMERICAN EXPRESS
- MASTERCARD
- VISA
- CHECK/PURCHASE ORDER (Original PO must accompany this form)

CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_

CARDHOLDER SIGNATURE (required) : \_\_\_\_\_

**CANCELLATION POLICY: Cancellations must be received in writing at or before 6:00pm EST on Friday, September 10, 2010 via fax to (202) 347-9735. A nonrefundable \$50 processing fee will apply. No refunds will be provided on cancellations received after the deadline has passed.**

**Americans with Disabilities Act Compliance:** NHCOA will make every reasonable effort to accommodate the special needs of all Conference participants. Please attach a separate sheet indicating any special assistance you require by September 3, 2010 (e.g. wheelchair accessibility, sign language interpreters).

**LIABILITY:** NHCOA and its staff, board, and sponsors claim no liability for the acts of any suppliers to this Conference or for the safety of any attendee during and/or while in transit to or from this event. The planners and sponsors reserve the right to cancel this function without liability. NHCOA reserves the right of admittance and the right to exclude from the Conference or refuse service to any attendee at the sole discretion of NHCOA. Furthermore, NHCOA is under no obligation to provide an explanation for its actions, but may do so at its own discretion.

#### **PHOTOGRAPHS:**

As an attendee of the NHCOA Annual Conference, I hereby grant NHCOA the right and permission to use, publish, and republish photographs, video, or audio of me or images in which I may be included, in whole, part, or composite, in any printed or electronic matter or media for any legal purpose; and to use my name in conjunction if NHCOA so chooses. This authorization is a release and I fully understand its content. I hereby discharge NHCOA from any and all claims and liabilities arising out of or in connection with the use of photographs, images, or information.

**Authorized Signature:** \_\_\_\_\_

*(Registration will not be accepted without this signature)-*

Please keep a copy for your files-