



Conference Registration Form
29th Annual Conference & Trade Show
Charting Our Course – On the Horizon for Assisted Living
 Sunday, May 18, 2008 – Wednesday, May 21, 2008
 Turning Stone Resort, Verona, New York

**Registrant 1:**

Full Name (As you wish it to appear on your name badge.)
Title
Company Name
Address
City, State, Zip
Phone Fax
Email

Registrant 2:

Full Name (As you wish it to appear on your name badge.)
Title
Company Name
Address
City, State, Zip
Phone Fax
Email

For more than two registrants, please submit additional names on separate sheet. Thank you

Payment: Make check payable to ESAAL. For credit card payment, please use the attached authorization form.

Conference Rates with Continuing Education Credits**Full Conference Rate**

- \$350 pp 1st Member | \$320 pp for 2nd or more Members
 \$560 pp Non-member

One Day Conference Rate

- \$180 pp/Member | Indicate Day: _____
 \$280 pp/Non-member | Indicate Day: _____

Please check the appropriate boxes.

- Member Non-member
 New Member First Conference

For Non-members: Are you interested in membership? Submit a membership application and pay the member's conference rate!

Are you staying at the Turning Stone as part of our group?

- Yes No

For those not staying at the Turning Stone and commuters, meal tickets will be available for purchase at Registration.

Do you require special meals?

- Kosher Meals Vegetarian

For questions, assistance with the registration form or to arrange special accommodations, please contact the Association Office at 518-371-2573.

- No. of Registrations: 1 2 3 _____
 Full Conference Rate
 One Day Conference Rate Amount \$ _____

Take a 10% discount if paid by March 28, 2008 \$ _____

Total Amount \$ _____

To secure your registration, send completed form with payment to ESAAL via:

Mail (with check or credit card form) Fax (with credit card form)

646 Plank Rd., Suite 207
 Clifton Park, NY 12065

518-371-3774

Confirmation with Payment Only – You will receive confirmation of your paid registration from ESAAL within 10 days of receipt. Registrations without payment will not be confirmed.

Cancellation Policy – Cancellations received in writing by 5 p.m. on Friday, May 9, 2008 will receive a refund less a \$75 administrative fee. Cancellations received after May 9, 2007 are nonrefundable (regardless of registration date), but a substitution is encouraged.

Hotel Accommodations: Room rates include overnight accommodations, full breakfast, lunch and dinner for kosher or non-kosher meals. Please use the attached Hotel Accommodation Registration Form. All hotel reservations must be made directly with the Turning Stone Resort. Please complete the form and fax to the Turning Stone at 315-361-8500.

Receive a 10% Discount when registered with payment by Friday, March 28, 2008!



Empire State Association of Assisted Living
 646 Plank Road, Suite 207
 Clifton Park, NY 12065
 P: 518-371-2573 • F: 518-371-3774 • www.esaal.org

Credit Card Payment Authorization Form

Facility/Company Name: _____

Contact Person: _____

Phone No.: _____ Fax No: _____

Credit Card Information: (Please note: ESAAL only accepts Visa and MasterCard)

Credit Card: **(Please Check)** Visa MasterCard

For Dues payment only: Annually Quarterly Monthly

Amount for Credit Card Charge: \$ _____

Payment for: Conference Seminar Publication
 Advertising Other _____

Amount for Credit Card Charge: \$ _____

Required information for processing credit card:

Credit Card No: _____

Expiration Date: _____ (Last three digits on signature line on back of card.) CVV2 Code: _____

Name as listed on Card (Please Print): _____

Street Address of Authorized Cardholder: _____

City, State, & Zip Code: _____

I hereby authorize ESAAL to charge my credit card the amount indicated on this form for the purpose stated:

Cardholder's Signature: _____

Please return your completed form via fax or mail to:

The Empire State Association of Assisted Living
 646 Plank Road, Suite 207, Clifton Park, NY 12065
 Fax: 518-371-3774