

CONTACT INFORMATION

Contact Person:

Title:

Company Name:

Address:

City: State: Zip Code:

Tel: Fax: Email:

[Online Registration](#)
is required if you opt to pay
with a credit card.

CONFERENCE FEES

MHCA Member: \$255 per person

Includes 12 hrs of LIVE education plus 12 hrs of new ON-DEMAND content, exposition, networking opportunities, prize drawings and more. Due date for registration is October 1, 2020. Registrations received after 10/1/20 are subject to an additional \$25 late fee.

Non-Member: \$385 per person

PAC Drawing
Ticket: \$10

*In lieu of our traditional PAC Auction, we will hold random drawings for cash/prizes during the event. Tickets are **\$10 each** and you may purchase as many as you would like to increase your odds of winning.*

ATTENDEES

Please provide the information requested below for each registrant. This information is essential for conference communications and attendee LOGIN so please check for accuracy before submitting to MHCA.

Attendee 1:

Registration

Fees

 Mr. Ms. Name:

Registration Fee

\$

Job Title:

PAC Drawing Ticket(s)

\$

Email:

Phone:

Attendee 2:

Registration Type

Fees

 Mr. Ms. Name:

Registration Fee

\$

Job Title:

PAC Drawing Ticket(s)

\$

Email:

Phone:

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SUBTOTAL

ATTENDEES ~ CONTINUED

Please provide the information requested below for each registrant. This information is essential for conference communications and attendee LOGIN so please check for accuracy before submitting to MHCA.

Attendee 3:	Registration Type	Fees
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Name:	Registration Fee	\$
Job Title:	PAC Drawing Ticket(s)	\$
Email:		
Phone:		

Attendee 4:	Registration	Fees
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Name:	Registration Fee	\$
Job Title:	PAC Drawing Ticket(s)	\$
Email:		
Phone:		

Attendee 5:	Registration	Fees
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Name:	Registration Fee	\$
Job Title:	PAC Drawing Ticket(s)	\$
Email:		
Phone:		

Attendee 6:	Registration	Fees
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Name:	Registration Fee	\$
Job Title:	PAC Drawing Ticket(s)	\$
Email:		
Phone:		

Attendee 7:	Registration	Fees
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Name:	Registration Fee	\$
Job Title:	PAC Drawing Ticket(s)	\$
Email:		
Phone:		

PAYMENT INFORMATION

<i>Fax a copy of your completed form to MHCA at 207.623.4080</i>	<i>Subtotal (This Page):</i>	\$
<i>Make checks payable to Maine Health Care Association</i>	<i>Subtotal (Page 1):</i>	\$
<i>Mail your check and registration form to MHCA at 317 State Street, Augusta, Maine 04330</i>	AMOUNT DUE:	\$