

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 and prizes throughout 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:

PAYMENT INFORMATION

Subtotal (This Page): \$

Subtotal (Page 1): \$

AMOUNT DUE: \$

*Fax a copy of your completed registration form to MHCA at **207.623.4080** and send the original (along with your payment) to Maine Health Care Association*

317 State Street, Augusta, Maine 04330.