



# 2016 Utah Aging Alliance Conference September 30, 2016 Registration & Membership Form

Complete **one form for each person** attending and mail with payment to address listed.  
**Early Bird Registration Deadline: must be received no later than September 15, 2016**

## Theme: "The Business of Getting Old"

Please submit Registration/Membership Form with payment by September 15<sup>th</sup> to:

UAA Conference Registration & Membership  
P. O. Box 521569  
Salt Lake City, UT 84152-1569

Name \_\_\_\_\_

Credentials \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Special Needs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Professional Information

(Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Advocate      | <input type="checkbox"/> Assisted Living        |
| <input type="checkbox"/> Education     | <input type="checkbox"/> Extended Care Facility |
| <input type="checkbox"/> Home Health   | <input type="checkbox"/> Government Employee    |
| <input type="checkbox"/> Hospice       | <input type="checkbox"/> Medical                |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Nutrition / Dietician  |
| <input type="checkbox"/> Legal         | <input type="checkbox"/> Private Practice       |
| <input type="checkbox"/> Retired       | <input type="checkbox"/> Senior Center          |
| <input type="checkbox"/> Student       | <input type="checkbox"/> Social Work            |
| <input type="checkbox"/> Other _____   |   |

## Standing Committees

(Check all that interest you)

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Conferences/Mini-conferences                  | <input type="checkbox"/> Education  |
| <input type="checkbox"/> Nominations / Elections                       | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Newsletter                                    |                                     |
| <input type="checkbox"/> SCANS (Senior Centers & Nutritional Services) |                                     |

## CEUs Needed

(Check any that are needed)

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Social Work |
|--|--------------------------------------|

## Registration Fees

Fees include **one (1) year Full UAA Membership** as follows:

General Membership..... \$40.00

Student Member.....\$20.00

### Early Bird Full Conference (UAA Membership included) Before Sept 15, 2016

- Full Conference..... \$140.00
- Student (ID required).....\$110.00
- 6 or more from one group .....\$125.00
- 10 or more from one group you get one registration free
- Special discount for students who present a poster \$60.00

### Full Conference (UAA Membership included) After Sept 15, 2016

- Full Conference..... \$160.00
- Student (ID required).....\$130.00
- 6 or more from one group .....\$145.00
- 10 or more from one group you get one registration free
- Special Discount for Students who present a poster \$75.00

## Form of Payment

- Check Enclosed ~ Please make check payable to **UAA**
- Check in Mail
- Payment through Pay Pal – Online only  
(Payment can be made by credit card online using Pay Pal) If you pay by Pay Pal please send a copy of the registration form and list of attendees to [utahagingalliance@gmail.com](mailto:utahagingalliance@gmail.com) so we can verify the name of each attendee for name badge purposes. For any payment issues contact Dan Hull at 801-466-7210. Thank you!

**TOTAL AMOUNT DUE \$**