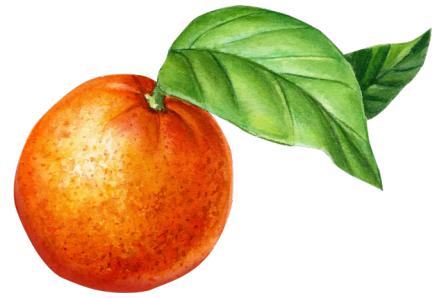


# REGISTRATION INFORMATION AND POLICIES



## 2 EASY WAYS TO REGISTER

### INTERNET:

[www.fhcaconference.org](http://www.fhcaconference.org)  
Register online and receive immediate acknowledgement.

### MAIL:

FHCA / P.O. Box 1459 /  
Tallahassee, FL 32302

Please read these Registration Policies carefully before you register. Additional policies are detailed online. Most fees are discounted if the registration is received by Friday, June 10, 2022. Those who register by that date will be eligible for a prize drawing to win a complimentary registration for the 2023 Annual Conference & Trade Show.

#### Please follow these guidelines to fill out the form:

- Use a separate Attendee Registration Form for each registrant. If you are paying for multiple registrants, please mail all registration forms together, with the payment information on one form only.
- **Voting Delegate:** Each FHCA member nursing home and member assisted living facility should designate a single voting delegate. Place a check mark in the voting delegate box only if the registrant on the form is the voting delegate. If your facility is part of a multifacility group, a regional or home office representative may act as your facility's voting delegate. Following is the FHCA bylaws provision which applies to its members' voting privileges:

#### Article VII. Voting Privileges

**Section 1.** Each facility member shall have one vote on any question coming before the Annual Conference, a special meeting or in any of the affairs of this Association.

**Section 2.** The voting delegate of a facility member shall be the administrator, owner, an officer or management employee of the licensee. A person employed in the day-to-day operation of that facility may be the voting delegate if so designated in writing by the administrator, owner or an officer of the licensee.

Call Dawn Segler (800-771-3422) to request a Voting Delegate Authorization Form on which to designate your voting delegate. It is not necessary to request a Voting Delegate Authorization Form if the administrator is serving as the voting delegate.

## REGISTRATION POLICIES

**Cancellations:** Cancellation and refund requests for registrations must be submitted in writing to [eventsupport@fhca.org](mailto:eventsupport@fhca.org) by July 11, 2022 to be eligible for a refund and are subject to a \$50 cancellation fee. Requests received after July 11 will not be accepted unless cancellation is due to survey at your facility or emergency due to COVID-19. Cancellations due to a facility survey or emergency due to COVID-19 will still need to be submitted in writing to [eventsupport@fhca.org](mailto:eventsupport@fhca.org) as soon as possible and FHCA will refund your registration with exception of a \$50 administrative fee. Please allow up to six (6) weeks, from the date of request, for all refunds to be issued.

**No-Shows:** Refunds will not be issued to participants who do not attend the Conference and did not cancel their registration prior to Conference unless their attendance was affected by COVID-19, facility survey or other family or business emergency. We ask that no-show requests for registrations be submitted in writing as soon as a decision has been made to [eventsupport@fhca.org](mailto:eventsupport@fhca.org). Please allow up to six (6) weeks, from the date of request, for all refunds to be issued.

**Registration Deadline:** Registrations made after July 11 will need to be made onsite and will be assessed an additional \$50 onsite fee.

**Dietary Requests:** If you have special needs or dietary requests (including Kosher meals), contact Mary Ann Obos at [mobos@fhca.org](mailto:mobos@fhca.org) by Monday, July 11.

**Trade Show Policy:** Representatives with nonexhibiting vendor companies are not permitted to purchase a Trade Show only pass. Those considering the purchase of a booth for a future Trade Show should contact Jenny Early at [jeary@fhca.org](mailto:jeary@fhca.org). Purchasing admission to the Trade Show in no way grants the right to solicit business in any way; that right is reserved exclusively for our exhibitors who have purchased booths. Anyone found violating this policy will be escorted from the Trade Show.

**ADDITIONAL EVENT POLICIES:** By registering for the FHCA Annual Conference & Trade Show you are also agreeing to additional event policies located at [www.fhcaconference.org](http://www.fhcaconference.org). Should you have questions regarding any policy, please contact Mary Ann Obos at [mobos@fhca.org](mailto:mobos@fhca.org).



SCAN THIS CODE FOR  
REGISTRATION  
INFORMATION

# ATTENDEE REGISTRATION FEES

## STEP 1: REGISTRANT INFORMATION

Print the registrant's information below.

NAME \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

TITLE \_\_\_\_\_

EMAIL \_\_\_\_\_

FACILITY/ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

## STEP 2: VOTING DELEGATE YES NO

Be sure to check the appropriate box if registrant is the voting delegate (please see voting delegate guidelines on page 1).

## STEP 3: REGISTRANT INFORMATION

Select what you would like to register for. Please use a separate Registration Form for each Registrant.

### FULL REGISTRATIONS

Includes 23 potential CEUs and admission to all Education Sessions, including 2 Mega Sessions, 2 Membership Meetings and Circle of Excellence Award Luncheon & Officer Installation with Keynotes; Preceptor Refresher Course; Opening Social; Trade Show; Tuesday Special Reception, Quality Award Ceremony & Celebration; Fun Night; Complimentary 2-hour Medical Errors Course.

#### 1ST FULL REGISTRANT

	BY JUNE 10	AFTER JUNE 10	
FHCA Member	\$500	\$550	\$
Nonmember	\$690	\$740	\$

#### ADDITIONAL FULL REGISTRANT (from same facility campus)

	BY JUNE 10	AFTER JUNE 10	
FHCA Member	\$450	\$500	\$
Nonmember	\$640	\$690	\$

### SINGLE DAY REGISTRATIONS

**MONDAY** 25 Education Sessions, including 1 Mega Session and Membership Meeting with Keynote for 6 potential CEUs. Special Events include Trade Show & Welcome Cocktail Party.

	BY JUNE 10	AFTER JUNE 10	
FHCA Member	\$170	\$190	\$
Nonmember	\$220	\$240	\$

**TUESDAY** 11 Education Sessions, including 2 Mega Sessions with keynotes, 1 Membership Meeting and Trade Show, with 5.5 potential CEUs. Special Events include Quality Award Ceremony & Celebration and Tuesday Special Reception.

	BY JUNE 10	AFTER JUNE 10	
FHCA Member	\$155	\$175	\$
Nonmember	\$205	\$225	\$

**WEDNESDAY** 15 Education Sessions, including Preceptor Refresher Course, 1 Mega Session with Keynote, Circle of Excellence Award Luncheon & Officer Installation with Keynote for 6.5 potential CEUs. (Does not include a ticket to the Fun Night)

	BY JUNE 10	AFTER JUNE 10	
FHCA Member	\$170	\$190	\$
Nonmember	\$220	\$240	\$

**THURSDAY** 9 Education Sessions for 3 potential CEUs. (Preceptor Provider Training not included)

	BY JUNE 10	AFTER JUNE 10	
FHCA Member	\$110	\$130	\$
Nonmember	\$160	\$180	\$

### ADULT GUEST PACKAGE *Only for adult guests of Full Registrants*

Includes Opening Social, Trade Show, Tuesday Special Reception and Fun Night Tickets	\$95	\$
Adult Guest Name:		\$

### SPECIALIZED TRAININGS

#### NHA 101 (6-HOUR) SUNDAY

	BY JUNE 10	AFTER JUNE 10	
FHCA Member	\$199	\$249	\$
Nonmember	\$249	\$299	\$

#### PRECEPTOR PROVIDER TRAINING (6-HOUR) THURSDAY

	BY JUNE 10	AFTER JUNE 10	
FHCA Member	\$199	\$249	\$
Nonmember	\$249	\$299	\$

### ADDITIONAL EVENTS/FEES

If you would like to purchase an Additional Event for another attendee/guest please fill out a separate Attendee Registration form with their Registrant Information.

<b>SUNDAY</b> Opening Social Ticket	\$25	\$
<b>TUESDAY</b> Special Reception	\$25	\$
<b>WEDNESDAY</b> Circle of Excellence Award Luncheon Ticket	\$75	\$
<b>WEDNESDAY</b> Fun Night Ticket	\$80	\$
<b>TRADE SHOW</b> (Please see the Trade Show Policy on page 1)		
FHCA Member	\$50	\$
Nonmember	\$75	\$

## STEP 4: PAYMENT INSTRUCTIONS

If you are paying for multiple registrants, you may mail all registration forms together. Your total payment amount should be the sum of all the individual forms.

**CHECK ENCLOSED** Payable to: FHCA, P.O. Box 1459, Tallahassee, FL 32302  
**PLEASE CHARGE MY:**  American Express  Visa  MasterCard  Discover

CARD NO. \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ CVC \_\_\_\_\_

CARDHOLDER'S NAME \_\_\_\_\_

EMAIL FOR RECEIPT \_\_\_\_\_

TOTAL PAYMENT \_\_\_\_\_ \$

SIGNATURE \_\_\_\_\_