



Registration Form

31st Annual Arkansas Aging Conference
October 26-28, 2011



(Please type or print clearly)

Name: _____
 Phone: _____
 Email: _____
 Address: _____
 City/State/ZIP: _____

Refunds of 75% can be issued prior to October 14, 2011, if requested by mail or email. No refunds will be issued after October 17, 2011. Submit refund requests to Heather Szefflinski at the address below or to hszefflinski@seniorspecialists.org.

*Fee includes all scheduled events, workshops, plenary session, Awards Luncheon and breaks.

- Early Registration (before October 3) - \$150* \$ _____
- Registration after October 3 - \$180* \$ _____
- Retired Persons, Age 60 & Older - \$75* \$ _____
- Student Registration - \$75* \$ _____
- One-Day Registration - \$75* \$ _____
- I want _____ additional Awards Luncheon tickets at \$20 each. \$ _____

Total amount enclosed \$ _____

Method of Payment: Check Number: _____ Purchase Order Number: _____

Please mark the events the events you plan to attend below:

- Thursday: Awards Luncheon
 Friday: Closing Session

If you need special assistance or accommodations, please indicate your specific needs:

Please make your check payable to: **Area Agency on Aging of West Central Arkansas.**

We are unable to accept credit cards. If payment is made via purchase order, a copy of the completed registration form must be sent to this office, as well as to your purchasing office.

Mail to: Heather Szefflinski
 Area Agency on Aging of West Central Arkansas
 905 W. Grand
 Hot Springs, AR 71913
 Phone: (501) 321-2811 or 1-800-467-2170
 Email: hszefflinski@seniorspecialists.org

Registration does **NOT** include exhibit booth fee. If you wish to be an exhibitor, please call (501) 320-6571.

Return by October 3, 2011 for lower registration fee or by October 21, 2011 for full fee.

After October 21, 2011, only on-site registration will be available.