



ICAA • 3307 Trutch St. • Vancouver, B.C.,
Canada V6L 2T3 • 866.335.9777 604.734.4466

FAX IT FAST 604.708.4464

Name _____ Title _____
(Required)

Organization/Agency _____

Mailing Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Phone (_____) _____ Fax (_____) _____

Email _____

To receive on-site conference updates, please provide us with your cell number: _____

How did you hear about ICAA? _____

CONFERENCE REGISTRATION FEES

Conference registration

Includes educational seminars, welcome receptions, keynote session, general session, early-morning workouts, conference CD, and entry to the exhibit hall. (Does not include pre/postconference, CEUs or marketing symposium.)

Registration fees in US dollars. To receive group discount, all attendees from the same organization must register at the same time and pay with one check or credit card.

Member rate	On or before Oct 27	After Oct 27
1st registration	\$449.00	\$549.00
2nd & 3rd	\$399.00	\$499.00
4th or more	\$199.00	\$299.00

Attendee registration \$ _____

- 1st attendee 2nd attendee 3rd attendee 4th attendee 5th attendee

Non-Member rate	On or before Oct 27	After Oct 27
1st registration	\$449.00	\$549.00
2nd & 3rd	\$399.00	\$499.00
4th or more	\$199.00	\$299.00

Attendee registration \$ _____

- 1st attendee 2nd attendee 3rd attendee 4th attendee 5th attendee

ADDITIONAL ACTIVITIES

Add pre/postconference workshop, \$79 ea \$ _____

Add continuing education units, \$25 before Nov 3; \$40 on-site \$ _____

Add ICAA individual membership, \$188.10 Non-members, first-time only (10% discount) \$ _____

Add ICAA organization membership, \$557.10 Non-members, first-time only (10% discount) \$ _____

TOTAL \$ _____ US

PAYMENT INFORMATION

All prices in US Dollars

- Check (payable to International Council on Active Aging)
 Please charge my VISA or MasterCard (Circle one)

_____/_____/_____/_____
Card Number

Expiration Date

Name on Card (please print)

Signature (required for all charges)

Check off organization: (REQUIRED)

- Retirement (Check one)
 Active adult community
 Assisted living
 Independent living
 Skilled nursing
 CCRC
 Area Agency on Aging
 Hospital, rehab or wellness center
 YMCA/YWCA/JCC
 Municipality
 College/university
 Health club
 Corporate fitness center
 Personal training studio
 Architectural firm
 Consulting firm
 Association
 Other (Please specify) _____

Check off your role in purchasing or leasing decisions (REQUIRED)

- Final decision
 Specify brands
 Recommend
 No role