

The 27th Annual Arizona Indian Council on Aging Conference

October 9-10, 2017 | We-Ko-Pa Resort & Conference Center | Fountain Hills, AZ



Registration Form



1. PARTICIPANT INFORMATION (Print/type clearly. Complete all information below.)

(Name will appear on name tag / Confirmation Letter will be sent to this address)

Name: _____

Senior Center: _____

Tribe/Organization: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Email: _____

I am registering as (check one):

Elder (age 55+)

Formal Caregiver

Community Volunteer

Person w/Disability

Informal Caregiver

Advocate

Service Provider

Other: _____

2. REGISTRATION FEES (No onsite registration will be available)

<input type="checkbox"/>	Early Registration	\$95	Registration Form and Payment must be postmarked by May 4, 2017
<input type="checkbox"/>	Regular Registration	\$105	

3. METHOD OF PAYMENT

Please make Check or Money Order payable to: Inter Tribal Council of Arizona, Inc.

Memo: AICOA Conference Registration.

Check No. _____ Money Order No. _____ Amount: \$ _____

Please attach a list of participants' names, if payment is for more than one person.

4. MAIL REGISTRATION FORM AND PAYMENT TO:

ITCA Area Agency on Aging, Region 8
Attn: 27th Annual AICOA Conference Registration
2214 North Central Avenue, Suite 100
Phoenix, AZ 85004

Note: Participant(s) may begin reserving hotel room(s) at the We-Ko-Pa Resort & Conference Center upon receipt of a Registration Confirmation Letter from ITCA-AAA, Region 8.

5. REGISTRATION CANCELLATION

There will be no refund(s) for registration cancellation(s). Participant(s) may send an alternate to the conference in their place by contacting Stephanie Barehand, ITCA-AAA, Region 8, at (602) 258-4822 or Stephanie.Barehand@itcaonline.com.

6. PHOTOGRAPHY DISCLAIMER

By virtue of my signature, I authorize ITCA-AAA, Region 8, and AICOA, to use any photographic image taken of me during the AICOA Conference for any future publications.

7. REGISTRATION WAIVER

In consideration of my being accepted into this event, I, _____, (print name) the undersigned, intending to be legally bound, do hereby, for myself, my heirs, my personal representatives and assigns, waive, release, and forever discharge any and all rights and claims for damages which I may have or may hereafter occur to me against the Inter Tribal Council of Arizona, Inc., Area Agency on Aging, Region 8, the We-Ko-Pa Resort & Conference Center, the Arizona Indian Council on Aging, committees, volunteers, or any agents, representatives, successors and/or any other corporation or individuals associated with the event, from any and all damages, claims, injuries or actions sustained or suffered in connection with my association or entry in or arising out of my participation in said conference. I attest and verify that I have full knowledge of the risks involved and that I am physically able to participate in this conference.

Participant Signature (Required)

Date

Questions?

Inter Tribal Council of Arizona, Inc.—Area Agency on Aging, Region 8
Attn: Stephanie Barehand | 2214 North Central Avenue, Suite 100 | Phoenix, Arizona 85004

Email: Stephanie.Barehand@itcaonline.com

Phone: (602) 258-4822

Fax: (602) 258-4825