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|  | Care Transitions: We’re All In It Together REGISTRATION FORM |

Use this form to register by mail and pay by check. To pay by credit card, register online at <http://CT2017.brownpapertickets.com>.

This form is a locked Word document. Information does not save automatically. Save a copy to your hard drive.
Save again when completed.

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| Register by April 26, 2017 (Earlybird rates end April 10, 2017) | Register only one person per registration form.Photocopy the form for additional attendees |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| State \_\_\_\_  | Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Day Phone (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Accommodations for individuals with disabilities |
| [ ]  I will need a special accommodation in order to attend the conference.Every effort will be made to provide reasonable accommodations such as special seating or listening devices. Send your registration in by **April 26, 2017** and you will be contacted by conference staff. **Describe what you need on a separate piece of paper and include it with your registration.** |

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| Registration FeeYour registration fee includes breakfast and lunch buffets that will include options for individuals who require vegetarian and/or gluten-free meals. Thanks to generous sponsor support, employees of nonprofit organizations and unpaid caregivers pay a reduced price. |

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| Check the correct registration category and rate: | Earlybird Registration (ends April 10) | Regular Registration (ends April 26) | Late Registration (ends May 8) |
| I work for a nonprofit organization or I’m an unpaid caregiver or a volunteer. | [ ]  $50 | [ ]  $75 | [ ]  $100 |
| I work for a for-profit organization. | [ ]  $75 | [ ]  $100 | [ ]  $125 |

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| Complete your registrationMake check payable to **City of Seattle** (write “Care Transitions Conference” on the subject line). To pay by credit card, register online at <http://CT2017.brownpapertickets.com>. Please note: No Purchase Orders. No refunds granted after April 24, 2017. |
| Mail registration and payment: | Questions? |
| Aging and Disability Services ATTN: Irene StewartCity of Seattle/Human Services DepartmentP.O. Box 34215 • Seattle WA 98124-4215 | E-mail irene.stewart@seattle.gov (preferred)Call 206-684-0662 • Fax 206-684-0689 • Relay 711 |

www.agingkingcounty.org/CTconference/