Registration Form

Name: *(Name & address information will be used for all Midwest Care Alliance's mailings/contacts/name badges) PLEASE PRINT LEGIBLY*		
Professional Designation		*Job Title*
Organization Name		
Organization Address		
City	*State*	*Zip*
Phone	*Fax*	*Work E-Mail* ***(must provide valid email address to receive URL link for conference handouts)***
Emergency Contact		*Emer. Contact Phone*
Please indicate any special needs, ADA requirements, dietary needs or food allergies:		

Please check all that apply:

	Primary Presenter	*Day(s) Presenting: T W TH*	*As the Primary Presenter, we invite you to be our guest on the day of your presentation and therefore your registration fee will be waived on the day you present. If you are interested in attending additional days during the conference, regular member pricing will be extended.*
	Co-Presenter	*Day(s) Presenting: T W TH*	*As a Co-Presenter, regular member pricing will be extended for the day you present as well as any additional days during the conference. All Co-Presenters MUST register.*

Conference Fees *fees include conference materials, meals (unless otherwise noted) and CE Credits*

**Registration must occur on site for those registering after Nov. 1, 2013.*

	Advance MCA Member	Advance Non-Member	On site MCA Member	On site Non-Member	I plan to attend:
Full Day Pre-Con Session I Tuesday, Nov. 5	$160	$275	$200	$300	___Full Day Pre-Con (Session I) *9:00 am - 4:30 pm* ***(LUNCH INCLUDED)***
Pre-Con Sessions Tue., Nov. 5 **(DOES NOT INCLUDE LUNCH)**	$85	$150	$100	$175	___Pre-Con Session II ___Pre-Con Session III ___Pre-Con Session IV
2-Day Package	$300	$550	$400	$600	

A 2-day package may be used by 1 attendee for 2 days or shared between 2 staff members from the same organization. Those sharing a 2-day package **MUST REGISTER AT THE SAME TIME**. Each shared registration must indicate all of the individuals who are sharing the registration and which day each will be attending. Registration forms will not be processed until a registration form is received for each individual attendee. Attach a separate registration form for each individual.

This 2-Day Package will be shared by:	Day Attending:	
Name:_____	_____Wednesday	_____Thursday
Name:_____	_____Wednesday	_____Thursday

Single Day	$160	$275	$200	$300	___ Wednesday ___ Thursday
Half Day **(DOES NOT INCLUDE LUNCH)**	$85	$150	$100	$175	___ Wed am / pm ___ Thur am / pm *Please indicate am or pm*

2 Ways to Register:

1. ***Online Registration:*** *www.mcaconference.org*

2. ***Mail*** *your completed form with payment to:*
Midwest Center for Education
2233 North Bank Drive
Columbus, Ohio 43220

Please bring this brochure with you to the conference. It will also serve as your Final Program.

Sub-Total: _____ ***Discounts applied, if applicable:*** _____ Total Due: _____

Substitution/Cancellation Policy: Cancellations must be made in writing (email) to Midwest Center for Education. Cancellations one (1) week prior to the event will receive a refund of 50% of the cost of the registration fee. Cancellations two (2) weeks or earlier will be refunded minus a 20% cancellation fee up to a maximum of $50. Any cancellations within one (1) week of the event, including the day of the event, will not be refunded for the cost of the registration fee. Substitutions may be made at any time.

Registration Payment Policy: Payment for registration(s) must be received prior to the event. If payment has not been received by the MCA office prior to the date of the event, the registrant will be required to make payment at the door either by check or credit card. Your cooperation is greatly appreciated.