



Uncover the Full Potential of Your Home Care Business

# 2014 CHICAGO, IL HOME CARE CONFERENCE

**Company Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

\_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone :** \_\_\_\_\_ **Email:** \_\_\_\_\_

√	Category	Price	Amount Due
	Exhibitor		
	Registration by June 30th	\$699	
	Registration by July 24th	\$999	
	Conference Program Guide Ad		
	Full Page	\$500	
	Half Page	\$250	
	<b>Total</b>		

**Please Return  
Completed Form To:**  
*C/O Abiding Care  
 233 N Northwest  
 Highway, Park Ridge,  
 IL 60068*

**Email:**  
[market-aaci@sbcglobal.net](mailto:market-aaci@sbcglobal.net)

**Fax:**  
 847-698-1408

**Questions:**

**Booth:**

Table size 8' (table cloths provided)

Electricity & WiFi Provided

**Supplies You Need to Provide:** Extension cord, tape for securing extension cord

Check one:       Visa       MasterCard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing this acknowledgment form, I authorize Home Care Association of America to charge my credit card in the amount selected above.

**Name of person(s) attending:** \_\_\_\_\_

**Special Request:** \_\_\_\_\_

\_\_\_\_\_