

DHCFA's Annual Trade Show/Education/Annual Meeting

| Thursday, March 10, 2022 | 7:30 am - 4:15 pm

Chase Center on the Riverfront, Wilmington, DE | 818 Justison St., Wilmington, DE 19801

Registration fees (includes continental breakfast, breaks, lunch):

- First attendee \$155
- Second attendee \$130
- Each Additional (except CNA) \$110
- CNA or caregiver \$ 85
- Nonmembers add \$55 per attendee

REGISTRATION INFORMATION

Facility: _____

Contact Person: _____

Phone: _____

Email: _____

ATTENDEE INFORMATION

MEMBER FEE

Attendee Name: _____

Title: _____ NAB or RN # _____

Email: _____

\$155

Attendee Name: _____

Title: _____ NAB or RN # _____

Email: _____

\$130

Attendee Name: _____

Title: _____ NAB or RN # _____

Email: _____

\$110

Attendee Name: _____

Title: _____ NAB or RN # _____

Email: _____

\$110

CNA/CAREGIVER INFORMATION

MEMBER FEE

Attendee Name: _____

Email: _____

\$ 85

Use additional sheets if needed

PAYMENT METHOD:

Check Enclosed Credit Card

Invoice (due by March 10)

Non-Members add \$55 per attendee: _____ x \$55 = _____

Late fee after February 26 add \$55 per attendee: _____ x \$55 = _____

GRAND TOTAL DUE: _____

Call 302-235-6895 or email dhcfa@dhcfa.org with questions. Fax to 302-239-4214 for invoice or with attached credit card form; mail with check to: DHCFA, 501 Silverside Rd. Suite 51, Wilmington, DE 19809.



Delaware Health Care Facilities Association

“Fostering Quality Care in the Long Term Care Continuum since 1963”

501 Silverside Road, Suite 51, Wilmington, DE 19809

Phone: 302-235-6895 Secure Fax: 302-239-4214

CREDIT CARD AUTHORIZATION FORM

MAIL or FAX only. Do not email.

Company/Organization: _____

Reason for payment: _____

Credit Card Type: VISA MasterCard American Express Discover

Number: _____

Expiration: _____ Security Code _____ (3 digits on back, or 4 on front if AMEX)

Cardholder Information:

Name on card: _____

Email: _____

Phone: _____ FAX: _____

Billing Address: _____

Signature: _____

TOTAL AMOUNT: \$ _____ Fax Receipt Requested YES NO

Email Receipt Requested YES NO

Receipt will be kept on file unless requested. If receipt is requested, please provide the person’s name who is to receive the receipt, their fax number and email, if difference from the cardholder information above:

Name: _____

Email: _____

Phone: _____ Fax: _____

Mail to: DHCFA 501 Silverside Rd., Suite 51, Wilmington, DE 19809 or FAX to: 302-239-4214