



2010 LTCIF Conference Registration Form (May 5-8, 2010)

Please complete the following and return this sheet with your payment:

Name: _____ Title: _____

Badge Name: _____ Company: _____

Street Address: _____ City: _____

State/Province: _____ Zip Code: _____ E-mail Address: _____

Phone Number: _____ Fax Number: _____

Operational Area: Underwriting Claims Administration Other _____

Fee Structure: Individuals must be employed by an **LTCIF Member Company** to obtain the Member Rate

Membership fee: \$250.⁰⁰ *per company* (Covers *all* company employees)

Conference fee for Member: \$349.⁰⁰ **Conference fee for Non-Member:** \$525.⁰⁰

One-Day Pass: \$150.⁰⁰

Enclosed:

Membership Fee: _____ (Please Complete Membership Form available @ www.ltcif.org)

Conference Fee: _____

Total Enclosed: _____

I will attend Weds night Welcome Reception: Yes No

I will attend Weds night Welcome Dinner: Yes No (Dietary restrictions: _____)

Thursday evening is open for you to make your own plans.

Please make check payable to:
LTCI Forum, Inc. (Federal Tax ID 75-287 4444)
and mail to:
Becky Freeman, Treasurer
2380 Deerpath Circle
Neenah, WI 54956