



**2009 LTCIF Conference Registration Form (April 22-24, 2009)**

**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.<sup>00</sup> *per company* (Covers *all* company employees)

**Conference fee for Member:** \$349.<sup>00</sup>      **Conference fee for Non-Member:** \$525.<sup>00</sup>

**One-Day Pass:** \$150.<sup>00</sup>

**Enclosed:**

Membership Fee: \_\_\_\_\_ (Please Complete Membership Form available @ [www.ltcif.org](http://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**