

ARE YOU A FIRST TIME ATTENDEE?  
RECEIVE A **\$75.00 DISCOUNT OFF** YOUR TOTAL REGISTRATION FEE!

15.5 CEUs

# ANNUAL CONFERENCE & EXPO

1ST TIME ATTENDEE  
**SAVE  
\$75.00**

PLEASE SEND THIS REGISTRATION FORM TO ERIN ARMSTRONG VIA

E: [earmstrong@nyshfa-nyscal.org](mailto:earmstrong@nyshfa-nyscal.org)

M: NYSHFA | NYSCAL 33 Elk St • Suite 300 • Albany • NY • 12207

F: 518.426.4051

Name: \_\_\_\_\_ Name For Badge: \_\_\_\_\_

Title: \_\_\_\_\_ NAB Identifier: R \_\_\_\_\_

Facility Name: \_\_\_\_\_ ☐ SNF ☐ AL

Address: \_\_\_\_\_

Attendee Email:(Required) \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

SPECIAL DIETARY REQUESTS: ☐ Kosher ☐ Vegetarian ☐ Vegan ☐ Gluten-Free

## PLEASE CHECK STATUS OF REGISTERED ATTENDEE:

☐ NYSHFA | NYSCAL Facility Member

☐ Non-Member

☐ NY Chapter ACHCA Member

☐ Southern NY Association

☐ NYSHFA | NYSCAL Associate Member

☐ NYPA Member

☐ NYALTCA Member

☐ Greater NY Association

### MULTI FACILITY PACKAGE:\*

☐ **MULTI-FACILITY GROUP REGISTRATION** *(Online Registration Not Available)*  
Register all employees and spouses/guests for a combined group fee. Please complete this form and return. Once received, a spreadsheet for your attendees will be provided to you.

MEMBER

NON-MEMBER

\$4800

\$5100

### FULL PACKAGE:\*

*(Includes Wednesday Awards Banquet)*

☐ **REGISTRATION FEE** *(Add \$100 to Registration After 4/11/25)*

MEMBER

NON-MEMBER

\$800

\$900

☐ **SPOUSE / GUEST REGISTRATION** *(Includes Awards Banquet)*

All attendees MUST register. Fee does NOT include Education Sessions.

\$425

\$525

### DAILY PACKAGE:\*

*(Does NOT include Wednesday Awards Banquet. Add Tickets Separately.)*

☐ **DAILY REGISTRATION** *(Add \$50 to Registration After 4/11/25)*  
Single Day Packages ONLY include admission to events on the day(s) purchased

Pick Your Days!

☐ TUESDAY

☐ WEDNESDAY

☐ THURSDAY

MEMBER

NON-MEMBER

\$425

\$525

☐ **ADD WEDNESDAY NIGHT AWARDS BANQUET**  
*(Select ONLY if You are NOT a Full Conference or Multi Attendee)*

\$150

\$150

\*INCLUDES: Educational Programs / Materials, Receptions,  
Admission to the Expo, Hospitality Suite, & Awards Banquet

TOTAL: \$

PAYMENT INFORMATION: ☐ AMEX ☐ DISCOVER ☐ MASTERCARD ☐ VISA | ☐ CHECK (Please Make Checks Payable to NYSHFA)

Credit Card Number:

Exp. Date:

Cardholder Name:

Authorized Cardholder Signature:

I authorize NYSHFA/NYSCAL to use the above MasterCard, Discover, VISA, or AMEX to charge applicable registration fees. I also understand that registration fees of those who cancel after the cancellation deadline or fail to attend are forfeited. No-shows will be billed. Substitutions are permitted and encouraged.

**NYSHFA**  
NYS HEALTH FACILITIES ASSOCIATION

**NYSCAL**  
NYS CENTER FOR ASSISTED LIVING

REGISTER TODAY @ [NYSHFA-NYSCAL.ORG](http://NYSHFA-NYSCAL.ORG)