



ON-SITE REGISTRATION

Veteran/Caregiver Registration Form (for first-time Convention attendees)

Name (as it will appear on badge)

Caregiver Name (as it will appear on badge)

Address

City State Zip/Postal Code

Daytime Phone E-mail

- I plan to attend on the following day(s):
 Thursday Friday Saturday

RSVP for Special Events

State & Chapter Awards Reception & Ceremony 6/19 ___ YES ___ NO Additional tickets \$20 x ___ \$_____

Get Acquainted Party 6/20 ___ YES ___ NO Additional tickets \$20 x ___ \$_____

Event Tickets

All Convention-related activities including the exhibit hall, workshops, and plenary sessions (Opening Session, Research Symposium, Awards Ceremonies), are complimentary except for the Friday and Saturday evening event:

FRIDAY, JUNE 21 – Light Fare Included
Night at the Museum

\$ 45 x _____ \$_____

SATURDAY, JUNE 22 – Dinner Included
Cheers to 40 Years! HLAA Anniversary Celebration and Awards Gala

\$ 75 x _____ \$_____

Tickets Total \$ _____

