



2019 Annual Spring Home Care Network Conference
Wednesday, June 12, 2019
Framingham Sheraton Hotel and Conference Center
1657 Worcester Rd, Framingham, MA 01701

EXHIBITOR TABLE REGISTRATION

All registrants are first come first served in the order of payment received.

Company Name (as it should appear in conference materials):

\_\_\_\_\_

Main Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Cost per Exhibitor Table: \$500 FOR MEMBERS
\$800 FOR NON-MEMBERS (Includes Business Associate Membership Dues for 1 year)

Please email your company logo to layala@hcacouncil.org

TO PAY BY CHECK:
Checks can be made payable to "Home Care Aide Council" and forwarded to: Home Care Aide Council, 46 Farwell Street, Second Floor, Newton, MA 02460

TO PAY BY CREDIT CARD:
To pay by credit card, please complete below and forward to the Council office by mail, email to layala@hcacouncil.org or fax to (781) 209-5977

Please check one:
[ ] American Express [ ] MasterCard [ ] VISA Exp. Date \_\_/\_\_(Month/Year)

CV Code (MC/Visa: 3 digit on reverse or AMEX: 4-digit code on front) \_\_\_\_\_

Card Number \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_