



## Annual Spring Conference

**Wednesday, June 12, 2019**

Sheraton Framingham Hotel & Conference Center  
1657 Worcester Road  
Framingham, MA 01701  
8AM – 4PM



### **Morning Keynote Address**

#### **View from Beacon Hill on Massachusetts Elder and Home Care Issues**

Special Guest Speaker

Senator Patricia Jehlen (D- Second Middlesex)

Senate Chair of the Joint Committee on Elder Affairs



### **Luncheon Keynote Address**

#### **The Opioid Crisis and Seniors**

Presenter: Veronica Nuzzolo

Project Coordinator at the Institute for Health and Recovery

|          |   |
|----------|---|
| 8:00 am  | Exhibits, Networking, and Continental Breakfast |
| 9:00 am  | Welcoming Remarks and Morning Keynote Address   |
| 10:45 am | Morning Breakout Sessions                       |
| 12:00 pm | Lunch and Keynote Address                       |
| 2:45 pm  | Afternoon Breakout Sessions                     |
| 4:00 pm  | Conference adjourns                             |

**Conference topics include; EVV, EMAC, Labor Laws, Private pay marketing strategies, EOE updates, online training, and more.**

For more information, please contact our office at  
617-744-6561

Wednesday, June 12, 2019  
Sheraton Framingham Hotel & Conference Center  
**Registration due by May 17**

**Council Member Registration**

**First Registrant - \$125.00 per person**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Agency \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**Second Registrant from Same Organization - \$100.00 per person**

Name: \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**Third or More Registrants from Same Organization - \$75.00 per person**

Name: \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Name: \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

*(Duplicate this form for additional participants as needed)*

**Non-Member Registration**

**Non-member Registration - \$250.00 per person**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Agency \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

*(Duplicate this form for additional participants as needed)*

***If you or anyone in your party has dietary restrictions, indicate them here:***

\_\_\_\_\_  
\_\_\_\_\_

Total Registrations

**Council Members**

One Registrant Only Total Cost = \$125.00

Two Registrants Total Cost = \$225.00

Three or More Registrants:

Total Registrations = \_\_\_\_\_ Total Cost = \_\_\_\_\_

**Non-Members** - \$250.00 per person

Total Registrations = \_\_\_\_\_ Total Cost = \_\_\_\_\_

**TO PAY BY CHECK:**

Make check payable to the Home Care Aide Council and mail to Home Care Aide Council, 46 Farwell Street, 2<sup>nd</sup> Floor, Newton, MA 02460 **before May 17, 2019.**

**TO PAY BY CREDIT CARD:**

Complete form and forward to the Council office by mail, email to [layala@hcacouncil.org](mailto:layala@hcacouncil.org) or fax to (781) 209-5977.

Number of Registrations: \_\_\_\_\_ Amount Total Owed: \_\_\_\_\_

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 \_\_\_\_\_