



Connecticut Chapter Presents

Chapter Annual Meeting Certified Nursing Assistant Hall of Fame

For Administrators, Regional Directors, Directors of Nursing Services, Department Heads et al

3.5 CEUs awarded to Nursing Home Administrators for their attendance at the entire event.

Monday, March 27, 2023

The Aria Banquet Facility

45 Murphy Road

Prospect, CT 06712

(203) 758-0096

Agenda

8:00 AM Registration & Continental Breakfast

8:30 AM Program – MDS Changes for 10/01/2023: How to Prepare Your Interdisciplinary Teams with Maureen McCarthy, President and CEO, Celtic Consulting

10:30 AM Annual Chapter Meeting

11:00 AM Certified Nursing Assistant Hall of Fame Class of 2023 Induction Ceremony

12:00 PM Luncheon

1:00 PM Collegiality Hour / Networking

Cash Bar from 12:00 PM to 2:00 PM. One (1) complimentary Beverage Coupon/person over 18 years of age.

(Registration on reverse side)



Registration Form (may be duplicated)

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Name: _____ CT ACHCA AIT

Name: _____

Facility/Organization: _____ Email: _____

Address: _____

Cost: AITs/Students in an accredited college/university LTC management program attend FREE (but you MUST register to attend!)

\$ 125.00 (\$ 130.00)/person for CT ACHCA Members and Guests registering with a CT ACHCA Member (same facility)

\$ 175.00 (\$ 182.00)/person for not-yet-CT ACHCA Members; \$ 125.00 (\$ 130.00)/person additional people (same company)

Number in parenthesis if paying by credit card. **Payment MUST accompany your Registration. Check if by mail; credit card if by fax.**

Registration is a commitment that you are up-to-date with your COVID vaccine/boosters. Survey Guarantee in effect; substitutions allowed.

Facility Membership in CAHCF or LeadingAge CT IS NOT the same as Membership in the College. Not sure if you're an ACHCA Member? SEE www.ctachca.org/chaptermembers.htm for current listing; NOW would be a good time to join the College!

Make checks payable to "CT ACHCA"

Mail to: CT ACHCA
c/o CAHCF/CCAL
213 Court Street Suite 202
Middletown, CT 06457

Fax to: 860-290-9478 or e-mail to r.c.brown@charter.net

For additional information please contact Rick Brown (860-290-9424; r.c.brown@charter.net)

Connecticut Association of Health Care Facilities, Inc.

213 Court Street, Suite 202
Middletown, CT 06457
(860) 290-9424 (860) 290-9478

Credit Card Authorization Form (for CT ACHCA Event 03/27/2023)

**PCI COMPLIANCE MANDATES THAT THIS FORM MUST BE FAXED - DO NOT EMAIL
FAX NUMBER: (860) 290-9478**

Company: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email Address: _____

Billing Address (if different):

Address: _____

City, State, Zip: _____

Telephone: _____

Credit Card Information:

Type of Card: _____

Credit Card Number: _____

Expiration Date:
Example: 06/20 _____

3 digit security code (on back) _____

SECURITY CODE: **4 digit security code (American Express only, on front)** _____

Amount to Charge: _____

Reason for Charge: _____

I agree to pay above total amount according to card issuer agreement.

Signature: _____

Print Name: _____