

Registration

Registration Information:

1. **Email:** Download the [IPIIL 2013 Registration Form](http://www.iowaaging.gov/iowas-prospects-independent-living-registration-brochure) (www.iowaaging.gov/iowas-prospects-independent-living-registration-brochure), email the completed form to pat.wyatt@iowa.gov and call Pat at (515) 725-3240 with credit card information.

2. **Mail:** Send registration form and payment to: Iowa Department on Aging

Attn: IPIIL Conference

510 E 12th Street, Suite 2

Des Moines, IA 50319

- **Register** at the door after **October 2, 2013**. Space is limited to 350 seats.
- **A confirmation** of conference registration and payment will be emailed or mailed to you.
- **Overnight accommodations:** Make your reservations by **September 15, 2013** to received the conference rate. Conference registrants are responsible for their room costs and securing their reservations. Blocks of rooms have been reserved for possible use by conference registrants at the following three hotels:

Best Western University Park Inn & Suites

2500 University Blvd., Ames, IA 800/428-3438

Conference rate: \$88.00 (plus applicable taxes)

Holiday Inn

2609 University Blvd, Ames, IA 800/465-4329 (*ask for the one on University Blvd*)

Conference rate: \$89.00 (plus applicable taxes)

Gateway Hotel & Conference Center

2100 Green Hills Drive, Ames, IA 800/367-2637

Conference rate: \$89.00 (plus applicable taxes)

- **Transfers:** Registrants who are unable to attend the conference may transfer their registration to another individual within the same organization, provided advance written notice is forwarded to Pat Wyatt at pat.wyatt@iowa.gov. Please provide your name and the individual's name to who you are transferring your registration. All transfers must be received by **October 9, 2013**.
- **IDA is committed** to ensuring all meeting activities are accessible, including dietary needs. Please specify accommodations on the registration form or call (515) 725-3240 no later than **October 4**.

Registration

Please Print or Type:

Name: _____

Affiliation (if applicable, will appear on badge): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

State Employees (lunch is a taxable meal—please provide 9 digit employee #): _____

Special Accommodations (please specify): _____

Dietary Restriction: _____

Indicate the workshops you will attend with and "X":

A1 ___ A2 ___ A3 ___ A4 ___ A5 ___ A6 ___

B1 ___ B2 ___ B3 ___ B4 ___ B5 ___ B6 ___

C1 ___ C2 ___ C3 ___ C4 ___ C5 ___ C6 ___

D1 ___ D2 ___ D3 ___ D4 ___ D5 ___ D6 ___

Conference Registration:

Full Conference Rate \$100.00 \$ _____

Group Rate (please complete a registration form for each attendee)
\$100 for first attendee 100.00 \$ _____
\$90 for each additional attendee 90.00 \$ _____

Student Rate 75.00 \$ _____

Certificate of Attendance 10.00 \$ _____
(CEUs for Social Workers & Nursing Home Administrators)

Centenarian Celebration # attending ___ X 20.00 \$ _____
Luncheon Tickets Only (if NOT registered for the conference)

Total \$ _____

Return this form for EACH conference registration with fees payable to: **Iowa Department on Aging**

Payment type:

___ Check ___ Money order ___ Credit card (Visa, MasterCard, Discover)

Credit Card Number Expiration Date 3 digit CSV Number (backside of card)