

# Behavioral Gerontology And Activity Approaches Registration Form



Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

\_\_\_\_\_

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

Facility Name: \_\_\_\_\_

Facility Phone #: \_\_\_\_\_

Special Dietary Restrictions: \_\_\_\_\_

**LVAPA Members Registered by June 13<sup>th</sup>: \$55.00**

**LVAPA Members Registered June 14<sup>th</sup> and after: \$65.00**

**Non-Members: \$75.00**

***There will be no refunds, but registration is transferable with 48hr notice to LVAPA.***

**Make check payable to /Mail Payments:**

LVAPA

c/o Liz Arndt

110 Church St.

Lehigh, PA 18235-9017

*Note: Please write conference in the memo of your check!*

**Please visit our website at [www.LVAPA.com](http://www.LVAPA.com)**

Questions contact Carrie: [lvapa@live.com](mailto:lvapa@live.com) or 610-381-1009