

## REGISTRATION FORM

# 2020 ADRC HEALTHY COMMUNITIES SUMMIT

*United in person-centered care.*

**JUNE 10-12, 2020**

[Augusta Marriott at the Convention Center | 2 Tenth St. | Augusta, GA, 30901](#)

Visit the link above to book your room at the group rate of **\$135/night**. Please note that space is limited and reservations at that rate must be made **by May 18, 2020**.

**REGISTRANT INFORMATION** | Provide the requested information below as it will appear on your badge.

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

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

Organization / Agency: \_\_\_\_\_

Personhood (optional): \_\_\_\_\_

Please use 1 to 2 words that describe an element of your personhood (ie. daughter, sibling, parent, runner, caregiver).

**REGISTRATION OPTIONS** | Make your selection(s) below by placing a check in the left column that corresponds to your rate.

<input type="checkbox"/>	SENIOR HUNGER SUMMIT   Conference begins June 9*	<b>\$50</b>
<input type="checkbox"/>	EARLY REGISTRATION   Before March 31	<b>\$200</b>
<input type="checkbox"/>	REGULAR REGISTRATION   April 1 - May 15	<b>\$250</b>
<input type="checkbox"/>	LATE REGISTRATION   After May 15	<b>\$300</b>
<input type="checkbox"/>	1-DAY PASS   Choose one of the following days: WED   THUR   FRI	<b>\$100</b>
<input type="checkbox"/>	STUDENT RATE   Must have current ID and volunteer 1 hour at conference. Email <a href="mailto:renae.brown1@dhs.ga.gov">renae.brown1@dhs.ga.gov</a> for details	<b>\$100</b>
<input type="checkbox"/>	CONTINUING EDUCATION CERTIFICATES   Check your CEU field below.	<b>\$20</b>
<b>TOTAL</b>		

\*Join us on June 9, 2020, for our fifth annual Senior Hunger Summit! For information on how to register, email [kandia.al-haddad@dhs.ga.gov](mailto:kandia.al-haddad@dhs.ga.gov).

CEUs: Registered dietitians and dietetic technicians (Commission on Dietetic Registration)  
Social workers (National Association of Social Workers - Georgia Chapter)

Space is limited. The conference will be available to the first 350 registrants.

### SUBMIT PAYMENT

Make all checks payable to the **Healthy Aging Trust Fund** and mail to:

Division of Aging Services  
Attn: Kandia Al-Haddad  
2 Peachtree St. NW, Floor 33  
Atlanta, GA 30303

### SUBMIT YOUR COMPLETED REGISTRATION FORM

Fax your completed registration form to **404-657-5285** or submit it electronically to [kandia.al-haddad@dhs.ga.gov](mailto:kandia.al-haddad@dhs.ga.gov). Payment by check must follow submission of the completed registration form by mail prior to the conference to complete registration.

