



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, 2nd 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 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 _____