

32nd Annual Conference Registration Form

September 14-16, 2017 San Diego, California

Name(s) of Attendee(s):

Street Address

City, State, Zip

Phone

Email Address

Please list all names of attendees

Is this your first time to attend conference?

Yes or No

Number of Attendees: Conference

Members \$90 each

Non-Member \$100 each

Total to submit to QLA

Number who will attend the following:

Thursday Reception

Friday Breakfast

Friday Luncheon

Saturday Breakfast

Saturday Luncheon

Saturday Dinner

Mail Checks and Registration Forms to:

Quality Life Association, Inc.

4327 S. Hwy 27, #417

Clermont, FL 34711

Credit Card Information:

Type of Card (Visa, Mastercard or AMEX)

Card Number

3 Digit Sec Code

Expiration date

Billing address if different from above

Amount to be charged:

(Registrations for Conference only after August 15th subject to Late fee \$10)

I agree to have my name, address, phone and email shared with other registrants at this conference _____ or

I prefer to not have my information shared _____

Consent to Use Photographic Images

I understand that I may be the subject of photographs or videos that will be taken during this meeting, and that they will be included into QLA's stock files. I agree that photographs or videos shall be the sole property of QLA, with full right of lawful disposition in any manner.

By registering for this conference, I hereby grant QLA permission to photograph or video record me during activities and to use the photographs or videos in QLA audio-visual and printed materials without compensation or approval rights.