

CONFERENCE REGISTRATION FORM (please complete both sides of form)

We encourage payment by credit card on-line.

Please complete one form for each individual.

This form may be duplicated for all additional individual registrations.

PLEASE TYPE OR PRINT CLEARLY

**Special Discount:
Register for a conference intensive
and the conference and save \$30.**

FIRST NAME

LAST NAME

NAME FOR CONFERENCE BADGE

TITLE

ORGANIZATION/AFFILIATION

STREET ADDRESS

CITY

STATE

ZIP

E-MAIL ADDRESS

SECOND E-MAIL ADDRESS (TO PROVIDE ADDITIONAL CONFIRMATION LETTER)

PHONE NUMBER

CELL NUMBER

FAX NUMBER

SPECIAL NEEDS

Please check here if this is your first Pioneer Network conference

The Pioneer Network may NOT publish my name and contact information in the conference attendee list that is distributed to all participants.

Organization/affiliation is: (check one)

not-for-profit for-profit government other (specify) _____

My organization has sent participants before, but this is my first time. Yes No

This is the first time my organization has attended a Pioneer Network Conference. Yes No

I learned about this conference from: Web Advertisement Colleague Brochure Other

I have attended the following number of Pioneer Network conferences: 0 1-2 2-4 5 or more.

Registration fees can be paid by Visa or Mastercard on www.PioneerNetwork.net or by fax.

CREDIT CARD NUMBER (**MASTERCARD OR VISA ONLY**)

EXPIRATION DATE

CVV OR SECURITY CODE

(3 or 4 digit number that appears on the back of card. Must be included for processing.)

FULL NAME AS IT APPEARS ON CARD

SIGNATURE

We encourage payment by credit card on-line. Please only mail checks if you have no access to a computer or do not have a credit card. All checks should be made payable to "Pioneer Network"

Please use the fee schedule on reverse side to determine the amount due.

Please send registration form and check or credit card information to:

Attn: Registrar, 8910B Mountainberry Circle, Frederick, MD 21702, or Fax to (240) 379-7080. Sorry, no phone registrations.

Conference Information: Christie.Dobson@PioneerNetwork.net or call Christie Dobson at 585-271-7570.

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REGISTRATION FEE SCHEDULE					
	Postmarked	BEFORE 06/27/08	AFTER 06/27/08	AFTER 07/11/08	Amount Enclosed
Wednesday ONLY August 20, 2008: A Call to Action State Coalition Culture Change Conference Intensive. Special fee for State Coalition members.		\$50	\$65	\$75	
Wednesday ONLY August 20, 2008* (If NOT attending the main conference.) This fee includes one conference intensive session.		\$150	\$200	\$250	
Main Conference ONLY August 21–22, 2008. Fee includes Thursday lunch, Thursday night reception, and Friday lunch.		\$575	\$695	\$725	
Wednesday Conference Intensive AND Main Conference August 20–22, 2008. Fee includes one conference intensive and Thursday night reception, Thursday lunch, Friday lunch. Fee reflects a \$30 discount when signing up for a conference intensive and the full conference. The \$30 discount does not apply to those attending the State Coalition Conference Intensive.		\$695	\$865	\$945	
CEUs for RN or LPN Fee includes processing of one individual's CEU application. License #: _____ State: _____ (Please list all states applicable)		\$30	\$30	\$30	
CEUs for NAB Fee includes processing of one individual's CEU application. License #: _____ State: _____ (Please list all states applicable)		\$30	\$30	\$30	
CEUs for Social Workers Fee includes processing of one individual's CEU application. License #: _____ State: _____ (Please list all states applicable)		\$30	\$30	\$30	
CEUs for Activities Professionals Fee includes processing of one individual's CEU application. License #: _____ State: _____ (Please list all states applicable)		\$30	\$30	\$30	
Certificate of Attendance made possible by email post conference for \$5.00		\$5	\$5	\$5	
		Total Amount Enclosed			

Conference Intensives

Please register me for the following Wednesday, August 20 Conference Intensive, from 8:30 am to 4:00 p.m.: (Space is limited, so please indicate your first choice by writing a "1" in the box and your second choice by writing a "2" in the box.)

- _____ **CI-01** A Day's Journey: The Living Elements of the Household Model
- _____ **CI-02** Nurses as Change Agents: The Culture Change Imperative
- _____ **CI-03** Transforming the Culture of Aging through Technology: The New Frontier
- _____ **CI-04** The Coaching Approach to Leading Change
- _____ **CI-05** Make Each Day the Gift of Living: Recreation for an Active Lifestyle
- _____ **CI-06** Advanced Workshop: Maintaining Momentum and Sustaining the Culture Change Journey
- _____ **CI-07** Leadership Pathways to Culture Change
- _____ **CI-08** Beginning the Culture Change Journey: Get Started Today!
- _____ **CI-09** What matters? Home matters. Exploring the Use of the Household Matters Toolkit
- *See page 12 for information on the Household Matters Toolkit: Can be ordered on www.PioneerNetwork.net
- _____ **CI-10** A Call to Action: State Coalition Culture Change Exchange. (Registration for state coalition members is \$50.)

Main Conference Activities

You must indicate with a check the meals and events you **WILL** attend.

- _____ Thursday Lunch
- _____ Thursday Evening Reception and Opening of the Pioneerseum of Culture Change
- _____ Thursday Evening Plenary **Making a Difference: How One Call to Action Set the Course of Culture Change**
- _____ Friday Lunch

Campaign for Quality Care Constituent Sessions Registration Form

Please confirm your attendance at the Campaign for Quality Care Constituent Session on Friday, August 22, from 8:00 a.m.-9:15 a.m. by completing this confirmation, see page 18 for more details.

Please check the Campaign for Quality Care session that you will attend:

- _____ **CS-01** Alzheimer's Association
- _____ **CS-02** American Association of Homes and Services for the Aging
- _____ **CS-03** American College of Healthcare Administrators
- _____ **CS-04** American Dietetic Association
- _____ **CS-05** American Health Care Association
- _____ **CS-06** American Medical Director's Association
- _____ **CS-07** American Occupational Therapy Association
- _____ **CS-08** American Society of Consultant Pharmacists
- _____ **CS-09** Catholic Health Association
- _____ **CS-10** Coalition for Geriatric Nurse Organizations
- _____ **CS-11** Commission on Accreditation of Rehabilitation Facilities
- _____ **CS-12** National Association of Activity Professionals
- _____ **CS-13** National Association Directors of Nurse Administration in LTC
- _____ **CS-14** National Association of Social Workers
- _____ **CS-15** National Consumer Voice for Quality Long-Term Care—consumers welcome
- _____ **CS-16** Service Employees International Union
- _____ **CS-17** Centers for Excellence in Assisted Living and Consumer Consortium for Assisted Living

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