

PACAH 2022 FALL CONFERENCE EVENT REGISTRATION GUIDE

The purpose of this guide is to walk you through the **Event Registration** and **Cart Checkout** Process. When you click on the registration link for the event, these forms are what you can expect as you register.

Please note: if you press the back button on the browser or refresh the browser, you will have to start completely over in your registration process.

If you have any questions, please send them to kdeline@pacounties.org

REGISTRATION LANDING PAGE

When you click on the link to register, you will land on the following page:



Select **Register Now** to advance to the next page.

SELECT ATTENDEE

When you start the registration, you must first Select Your Attendance Type option as the registration type. Prices for each attendance type are noted next to each selection. If you have any questions regarding your current membership status with PACAH, please contact kdeline@pacounties.org

Checkout

Selected Event: PACAH 2022 Fall Conference

2022 Fall Conference Select Your Attendance Type

- PACAH Member - Nursing Home Administrator - \$190.00 **IN PERSON - Select if you are a Nursing Home Administrator
- PACAH Member - Facility Staff - \$290.00 **IN PERSON - Select if you are SNF Staff
- PACAH Member - Personal Care/Assisted Living - \$290.00 **IN PERSON - Select if you are PC/AL Staff
- PACAH Business Member - \$290.00 **IN PERSON - Select if you are a PACAH Business Member
- Non-Member - Facility - \$350.00 **IN PERSON - Select if you are SNF Nursing Home Administrator or Facility Staff
- Non-Member - PC/AL - \$350.00 **IN PERSON - Select if you are PC/AL Staff
- Non-Member - Business - \$350.00 **IN PERSON - Select if you are employed by an LTC business
- PACAH Member - Virtual - \$165.00
- Non-Member - Virtual - \$215.00

Then click **Next**.

SELECT MEALS/WORKSHOP

The next step in the process is to select which meals and workshop you would like to attend.

Checkout

Selected Event: PACAH 2022 Fall Conference

Session Selection

PELICAN Training

Sep 27 2022 1:00 pm - Sep 27 2022 4:15 pm

PACAH Member - Nursing Home Administrator - \$0.00

Welcome Reception

Sep 27 2022 5:00 pm - Sep 27 2022 7:00 pm

PACAH Member - Nursing Home Administrator - \$0.00

Wednesday Lunch

Sep 28 2022 12:00 pm - Sep 27 2022 1:00 pm

PACAH Member - Nursing Home Administrator - \$0.00

Thursday Breakfast

Sep 29 2022 8:00 am - Sep 29 2022 9:00 am

PACAH Member - Nursing Home Administrator - \$0.00

Thursday Lunch

Sep 29 2022 12:00 pm - Sep 29 2022 1:00 am

PACAH Member - Nursing Home Administrator - \$0.00

Once you have selected all the events/workshops you would like to register for, scroll to the bottom of the page and click **Next**.

YOUR ATTENDEE INFORMATION

The next step in the process is for you to complete your attendee information. Please enter the contact information and email address for the person **that will be in attendance**. If the invoice/receipt needs to be sent to another person, you will have the option to do so on the **Payment Page**.

Checkout

Selected Event: PACAH 2022 Spring Conference

Attendee Info

First Name *	Last Name *	
<input type="text"/>	<input type="text"/>	
Email *		
<input type="text"/>		
Company *	Title *	
<input type="text"/>	<input type="text"/>	
Street 1 *		
<input type="text"/>		
Street 2		
<input type="text"/>		
City *	State *	Zip Code *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency Contact Name *	Emergency Contact Phone *	
<input type="text"/>	<input type="text"/>	
ADA Requirements		
<input type="text"/>		
Are you a licensed Nursing Home Administrator? If so, please enter your NAB CE Registry ID (R#####)		
<input type="text"/>		

IMPORTANT: If you are registering for others, you may click **Add Another Attendee**. This process will take you to the beginning step of selecting Attendee, and you will need to select each session you would like to register each attendee.

Once you are done adding other attendees, click **Next**.

REVIEW CART

The next step in the process is for you to review the cart and review the contact information for registered attendees. You may also delete entries or cancel the entire cart order.

Checkout

Selected Event: PACAH 2022 Spring Conference

Cart Review

[Remove All](#)

Registered Attendees

Kim Deline - (PACAH Member - Nursing Home Administrator: \$190.00) ▼ 🗑️

Subtotal: \$190.00

[Add Another Attendee](#) [Next](#) [Cancel](#)

If you need to revise contact information for the registered attendees, click on the **down arrow** to expand the selection and edit the fields as needed. Once you have completed your revisions, click **Save** and **Next**.

Checkout

Selected Event: PACAH 2022 Spring Conference

Cart Review

[Remove All](#)

Registered Attendees

Kim Deline - (PACAH Member - Nursing Home Administrator: \$190.00) ▼ 🗑️

First Name:	Last Name:		
<input type="text" value="Kim"/>	<input type="text" value="Deline"/>		
Email:	Company:	Title:	
<input type="text" value="kdeline@pacounties.org"/>	<input type="text" value="PACAH"/>	<input type="text" value="Meeting & Marketing Manager"/>	
Address 1:	Address 2:	City:	
<input type="text" value="PO Box 60769"/>	<input type="text"/>	<input type="text" value="Harrisburg"/>	
State:	Zip:	Emergency Contact Name:	
<input style="background-color: #f0f0f0; border: 1px solid #ccc;" type="text" value="Pennsylvania"/>	<input type="text" value="17106"/>	<input type="text" value="John Doe"/>	
Emergency Contact Phone:	ADA Requirements:		
<input type="text" value="7175555555"/>	<input type="text"/>		

[Save](#)

Subtotal: \$190.00

[Add Another Attendee](#) [Next](#) [Cancel](#)

FINAL CHECK OUT / ORDER COMPLETION

The next step in the process is to enter the billing contact information and agree to PACAH's Commitment to Well Being. **The billing information can be different from the attendee information if the final invoice/receipt needs to be emailed to a different person. Payment options are via check, debit card, or credit card.**

Checkout

Selected Event: PACAH 2022 Spring Conference

Payment

Billing Information

First Name: * Last Name: * Email: *

Address 1: * Address 2:

City: * State: * Zip: *

Order Summary Payment Option

Order Total: \$190.00

Credit Card Number: *

Expiration Date: * CVV: *

By checking this box I acknowledge that I have read the Commitment to Well Being and agree to comply with safety precautions and recommendations specified by the Commonwealth of Pennsylvania and the CDC. **Note that our current policy is for all attendees to be fully vaccinated, masked, and to answer pre-conference screening questions.**

Your registration is completed, and you will receive confirmation via email.

If you have any questions, please send them to kdeline@pacounties.org