



ACHCA CT Chapter's Annual Holiday Luncheon

The Connecticut Chapter of the American College of Health Care Administrators (CT ACHCA) cordially invites you to their Annual Holiday Luncheon on **Friday, December 13, 2019** at The Inn at Middletown, Middletown, CT.

We begin with a Chapter Meeting and reports about our work in the past year and a presentation of plans for the coming year.

We'll have seasonal music for your entertainment and relaxation during the Luncheon and again during the "Collegiality" Refreshment Hour. Outstanding!

After the Luncheon, we are pleased to have **Mag Morelli**, President, LeadingAge Connecticut, **Matthew Barrett**, President and CEO, Connecticut Association of Health Care Facilities/Connecticut Center for Assisted Living and **Jim Iacobellis**, Senior VP of Government and Regulatory Affairs, Connecticut Hospital Association give a presentation on, "What Happened? What's Next? A Legislative Perspective on Healthcare in Connecticut."

Concluding the day is our famous "Collegiality" Refreshment Hour with your favorite beverages and socializing. 2 **FREE** beverage coupons per Attendee.

FREE valet parking courtesy of The Chapter.

A total of 2.0 CEUs will be awarded to Nursing Home Administrators for their attendance at the entire event.

<u>Date:</u>	Friday, December 13, 2019
<u>CT ACHCA Chapter Meeting:</u>	11:00am – 12:00pm
<u>Luncheon:</u>	12pm – 1pm
<u>Presentation:</u>	1pm – 2pm Keynote Speakers – Mag Morelli, Matt Barrett and Jim Iacobellis
<u>Open/Cash Bar:</u>	2pm – 3pm - Each Attendee will receive 2 FREE beverage coupons



Fees for the entire event:

\$ 75.00 per ACHCA Members and Guests registering with a Member

\$ 100.00 per not-yet-Members

AITs in a State-sponsored program are FREE (must register)

SEATING IS LIMITED!

Directions to The Inn at Middletown:

www.innatmiddletown.com

Questions:

Please contact Rick Brown at 860-290-9424; rbrown@cahcf.org.





Registration Form

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<u>Please Print Name of Person(s) Attending:</u>	Check if AIT
1. _____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>
(duplicate form for additional names or attach additional sheet of paper with names)	

Total amount committed \$ _____

Organization Name: _____

Address: _____

Your Email Address: _____

Please make checks payable to “CT ACHCA”; mail, e-mail, fax or pay at the door; submission of a Registration is a commitment to pay

Please mail, e-mail or fax your Registration to:

CT ACHCA
 c/o CAHCF
 213 Court Street Suite 202
 Middletown, CT 06457

860-290-9478 (tel); 860-290-9478 (fax); rbrown@cahcf.org (e-mail)