HUMANA CONFERENCE REGISTRATION

INTERNATIONAL COUNCIL ON ACTIVE AGING ICAA

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Vancouver, BC, V6E 2S1
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Name_____ Title_____
(Required)

☐ She/Her/Hers ☐ He/Him/His ☐ They/Them/Theirs ☐ Prefer not to answer

Organization/Agency_____

Mailing Address_____

City_____ State/Province_____

Country_____ Zip/Postal Code_____

Phone (_____)_____ Cell (_____)_____
(Required)

Email_____

ICAA Conference and Expo, October 13–15, 2025, Anaheim, California

HUMANA REGISTRATION FEES

Registration fees in US dollars. If registering for a One-day pass attendees will have access to education sessions, entry to the Expo hall and other networking opportunities. If registering for Monday or Tuesday lunch is included. If registering for one session the attendee will have access to one specific session of their choice.
(Does not include preconference workshops or CEUs)

HUMANA ONE DAY REGISTRATION FEE
☐ $225.00 per person per day ☐ Monday ☐ Tuesday ☐ Wednesday
HUMANA ONE SESSION REGISTRATION FEE
☐ $75.00 per person per session selection: _____
HUMANA EXPO ONLY REGISTRATION FEE
☐ Compliments of Humana

One day registrations include lunch on October 13th & 14th

Attendee registration $_____

☐ Add continuing education units, $100.00 before Sept. 29, after Sept. 29, $125.00 $_____

TOTAL $_____US

PAYMENT INFORMATION

All prices in US Dollars
☐ Check (payable to International Council on Active Aging)

☐ Please charge my VISA or MasterCard (Circle one)

_____/_____/_____/_____ _____ _____
Card Number Exp. Date CVV

_____ _____
Name on Card (please print) Signature (required for all charges)

Signed waivers and agreement to follow COVID-19 protocols must accompany your registration to be processed.

See

ICAA Conference and Expo liability and photo waivers

To complete your registration, please read the terms below and sign to show your acceptance:
By attending the ICAA Conference and Expo, you release and discharge ICAA Services Inc. dba International Council on Active Aging, their affiliates, owners, employees, contractors any liability for, any and all claims, suits, demands, costs and expenses, including legal fees of every kind in connection with the ICAA Conference and Expo, including personal injury of any kind sustained while participating in the conference, expo or any recreational activity, social activity, personal activity or conference activities. This is intended as a full and complete release, discharge and indemnity relating to any or all released claims that you might have or had by reason of attending the ICAA Conference and Expo whether the same or any circumstances pertaining thereto are now known or unknown to the undersigned or to anyone else, expected or unexpected by the undersigned or anyone else, or have already appeared or developed or may now be latent or may in the future appear or develop or become known to the undersigned or anyone else, and all rights under Section 1542 of the Civil Code of the State of California are hereby expressly waived. The undersigned understands that said Section 1542 of the Civil Code provides as follows:

> *A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him, must have materially affected his settlement with the debtor.*

Signature: _____ Date: _____

You hereby grant permission to the ICAA Conference and Expo to use, reproduce, and/or publish your voice, image, photograph, likeness, video, and/or any other form of media as it develops (henceforth collectively referred to as Likeness) without compensation. You understand that this material may be used in various publications, press releases, ICAA or ICAA Education website or for other related activities. You hereby grant the ICAA Conference and Expo all ownership rights and the absolute and irrevocable right and permission to copyright, use and publish your Likeness. You release the ICAA Conference and Expo (and all persons and/or entities acting under its permission or authority) from any and all claims-including but not limited to claims of libel, slander, invasion of privacy, infringement of copyright or right of publicity, or any other claim related to the use of your Likeness. You understand that neither you nor your representatives can revoke this release. You agree that all rights under Section 1542 of the Civil Code of the State of California (set forth above) are hereby expressly waived.

Signature: _____ Date: _____

Privacy and communication policy

By registering for the ICAA Conference and Expo, you agree to receive event-related communications from the International Council on Active Aging (ICAA), such as updates, reminders, and post-event follow-ups.

☐ **Opt-out.** By checking this box, you choose to opt-out of receiving communications from ICAA Conference and Expo exhibitors and sponsors. This includes messages intended to facilitate networking or provide relevant event materials and offers.

Commitment to privacy
ICAA is dedicated to protecting your personal information. We will not sell or distribute your data to unrelated third parties beyond the purposes outlined above. For more information, please review our full Privacy Policy.

Signature: _____ Date: _____

Agreement to follow ICAA's COVID-19 protocols

To complete your registration, please read the following and sign to indicate your agreement:
ICAA is committed to the health and safety of our conference community members as well as their families, colleagues and constituents. To protect against COVID-19 spreading at the ICAA Conference and Expo this fall, we will follow best practice guidelines from the CDC and the State of California.

You have a role to play in a safer environment. By attending our event, you agree to the following:

- I will wear a mask at my discretion and use hand sanitizer provided in common areas.
- I will use safer gathering practices (e.g., if I feel ill, I will do a temperature check or rapid test in my hotel room before mixing with others).
- I will stay home if I test positive for COVID-19 within 10 days of the event's October 13 start date (October 12 if attending a preconference session), or if I or a household member has potentially been exposed.
- I will accept changes made to ICAA's COVID-19 Policy and COVID-19 Health and Safety Protocols based on guidance from the CDC and State of California at the time of the event.

Signature: _____ Date: _____