

# 36th Annual QLA Conference

## Registration Form

August 19-21, 2021

Clearwater, FL



Complete this editable PDF form, print, and mail or register online <https://qla-ostomy.org>  
Please list names of each attendee.

\_\_\_\_\_ First Time to attend Conference? Yes No  
Last Name First Name

\_\_\_\_\_ First Time to attend Conference? Yes No  
Last Name First Name

\_\_\_\_\_ First Time to attend Conference? Yes No  
Last Name First Name

\_\_\_\_\_ City State Zip  
Street Address

\_\_\_\_\_ Phone Email Address

### Number of Attendees:

- Full Conference QLA Member (\$150 each) \_\_\_\_\_ 1 Day Conference Pass QLA Member (\$75 each) \_\_\_\_\_
- Full Conference Non-Member (\$230 each) \_\_\_\_\_ 1 Day Conference Pass Non-Member (\$115 each) \_\_\_\_\_
- Only Attending Saturday Dinner/Dance (*Bae Bae's Bash*) \$50 each \_\_\_\_\_

Include a donation to support conference events \$ \_\_\_\_\_

Event Name \_\_\_\_\_ Total Amount to Submit to QLA: \$ \_\_\_\_\_

**Registrations received after July 23 may be subject to a \$10 late fee**

**Number who will attend** (all events included with registration fee; information needed for accurate count):

Thursday Reception	Friday Social Hour	Saturday Dinner ( <i>BaeBae's Bash</i> )
Friday Breakfast	Saturday Breakfast	
Friday Luncheon	Saturday Luncheon	

**Payment Methods: Check** (Please make payable to Quality Life Association, Inc.) **PayPal ([Make Payment](#))**  
**or Credit Card**

Type of Card: \_\_\_\_\_ Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Amount to Charge: \_\_\_\_\_

Typed full name for authorization or sign: \_\_\_\_\_

Billing address if different from above: \_\_\_\_\_

**Mail Registration Form with Check or Credit Card Info to:** Quality Life Association, Inc.  
1739 University Avenue, #295  
Oxford, MS 38655

### Please Select One:

- I agree to have my name, address, phone and email shared with other registrants at this conference
- 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 in 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.

**Questions? -- contact the QLA home Office – 662-801-5461**