

Education access



2024 ICAL Assisted/Supportive Living Symposium

Tuesday, June 11, 2024

Northfield Inn, Suites & Conference Center
Springfield, IL

ABOUT THE EVENT

The Illinois Center for Assisted Living (ICAL) acts as the assisted/ supportive living arm of the Illinois Health Care Association (IHCA). This year's event will be a hybrid event, with the in-person component being held on June 11 in Springfield together with The Center's ID/DD Symposium. These events will also include a joint expo with an exclusive group of vendors that provide goods and services to these specialized populations.

The AL/SLP Symposium Sessions will cover key issues relevant to assisted and supportive living providers in Illinois.

AGENDA

8:00 - 9:00 a.m.	Registration/Check-In
9:00 - 10:00 a.m.	Assisted Living National Update <i>LaShuan Bethea, NCAL</i>
10:10 - 11:10 a.m.	Hot Topics & Trends In Assisted Living/Supportive Living <i>Neville Bilimoria, Duane Morris LLP</i>
11:20 a.m. - 12:20 p.m.	Workforce Development <i>Lisa Rogers, Gardant Management Solutions</i>
12:20 - 1:50 p.m.	Lunch Break/Expo
1:50 - 2:50 p.m.	Legislative & Regulatory Updates <i>Ashley Snavelly, IHCA & Kim Stoerger, IHCA</i>
3:00 - 4:00 p.m.	Assisted Living Provider Updates <i>Erin Rife, IDPH</i>
3:00 - 4:00 p.m.	Supportive Living Provider Updates <i>Kara Helton, HFS & Kelsey Lock, HFS</i>



EARN CE CREDITS

Illinois nursing home administrators, social workers and licensed nurses will earn up to 5 CEs for attending this event.



HOTEL ACCOMMODATIONS

A block of rooms has been reserved at the Northfield Inn, Suites & Conference Center. To receive the special rate, call 217.523.7900 and mention the Illinois Health Care Association. Deadline to reserve a room in the IHCA block: May 27, 2024



HYBRID EVENT

This year's event will be a hybrid event, with a virtual option that will live stream from the event. Virtual participants should register for the virtual option.

Assisted/Supportive Living Symposium | June 11, 2024

Participant Name	Email Address

***A unique email address is required for each attendee for CE Certificate purposes.**

Contact Person: _____

Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Payment:

_____ Registration Fee.....\$150 per person

Total Registration Fee _____

****A \$25 per person late fee is required for In-Person registration submitted less than three (3) business days prior to the event. Substitutions will be accepted on-site for registrants unable to attend.**

Total Late Fee _____

TOTAL _____

Check enclosed **OR** Charge to: Visa MasterCard American Express Discover

_____ Expiration Date: _____

Security Code: _____ (3 digits REQUIRED) Signature: _____

Name on the credit card: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Return with payment to:
Illinois Health Care Association
1029 S. Fourth Street
Springfield, IL 62703

OR

Fax: 217.528.0452
[Register Online](#)
Email: acaldwell@ihca.com

AMOUNT	CK#/ CC	MEMBER STATUS	DATE

FOR IHCA USE ONLY

Assisted/Supportive Living Symposium–VIRTUAL | 6/11/24

Participant Name	Email Address

***A unique email address is required for each attendee for CE Certificate purposes.**

Contact Person: _____

Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Payment:

_____ Registration Fee.....\$125 per person

Total Registration Fee _____

Check enclosed **OR** Charge to: Visa MasterCard American Express Discover

_____ Expiration Date: _____

Security Code: _____ (3 digits REQUIRED) Signature: _____

Name on the credit card: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

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