

Name: \_\_\_\_\_ Co.: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_



Ranked Top 6  
Among 7,000 U.S. Chambers



# LONG TERM Health Care Continuum Summit

## Responding to our Demographic Challenges: an Aging Society

### Thursday March 14, 2013

Conrad San Juan Condado Plaza  
Registration: 7:30 a.m. - 8:30 a.m.

Summit Conference: 8:30 a.m. - 2:30 p.m.

*Come and learn in one day how a sound, long term care system can augment quality of life and improve the socioeconomic development of Puerto Rico.*

### Main Topics:

- Global Landscape: Current World Reality
- US, Latin America and Puerto Rico's Current Population Profile
- Addressing Elderly Population Needs: Elderly-Centered Programs and Services

### Invited Keynote Speakers:

- Mrs. Gail Miller  
Chief of Product Development for Humana Cares / Senior Bridge Humana, Inc.
- Dr. Enrique Vega García  
Regional Advisor Healthy Aging  
Panamerican Health Organization (PAHO Washington, D.C.)
- Dr. Nirzka M. Labault Cabeza  
Associate Professor of the Graduate School of Health  
University of Puerto Rico
- Lunch Keynote Speaker:  
Dr. Jorge Sánchez-Colón  
Health Advisor to the Governor of Puerto Rico

### Investment\*:

- PRCC Members: **\$150 + Tax**
- PRCC Members: Table of Ten(10): **\$1,200 + Tax**
- Non-Members: **\$175 + Tax**
- Non-Members Table of Ten: **\$1,400 + Tax**
- Students: **\$105\*\* + Tax**

\*Tax not included. Includes: Continental Breakfast, Coffee Break, Lunch and Educational Material. \*\*Students must present student I.D. We accept: Mastercard, VISA, American Express, Discover and Checks. \$10 surcharge for participants not pre-registered. The whole amount will be charge if your cancellation is not notified with (48) hours prior to the activity. Our hours are Monday to Friday from 8 a.m. - 5 p.m.



Fill out the following information and send via  
Fax: 787-723-1891 | Call: 787-721-6060

Member  Non-member  Member's Number \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### → Payment Method

Master Card  Visa  AmEx  Discover

Credit Card Number: \_\_\_\_\_

Expiration date:   /   CVV/ID     
month/year Security Code

Amount:

Name on Credit Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

