



**CONVENIENT WAYS TO REGISTER**

**MAIL** registration and payment to:  
HCP PAC, 20 Corporate Woods Blvd., 2nd Floor,  
Albany, NY 12211

**SCAN & EMAIL** registration and credit card  
payment to hcp@nyshcp.org

*Invest in Your Profession...  
Support the Home Care Political Action Committee!*

**HCP Fall PAC Fundraiser Reception  
Sunday, October 27, 2024  
5:30 PM - 7:00 PM**

Enjoy the gorgeous Sagamore Bayview Terrace,  
meet and reconnect with home care industry  
colleagues from across New York State. Don't miss  
the chance to attend this networking event and  
support the essential work of the HCP PAC!

HCP PAC Fundraiser cancellations received by  
Oct 18, 2024 will be issued a refund, less a  
\$50 administrative fee. **Cancellations made  
after October 18, 2024 are liable for the entire fee  
without exception.** Substitutions may be made  
within the same organization upon notifying HCP.

Corporations are limited to \$5,000 in political  
contributions in any single year, which includes  
sponsorship of PAC events. Not for-profits cannot  
make political donations, but individuals may  
contribute up to \$150,000 per year.

**HCP PAC FUNDRAISER REGISTRATION FORM**

Please print clearly. Please indicate if you are registering as an  LLC  PLLC  INC

**REGISTRATION**

Organization Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Attendee**

Name: \_\_\_\_\_  
Email/Dietary/Accessibility needs: \_\_\_\_\_

**Additional Attendee**

Name: \_\_\_\_\_  
Email/Dietary/Accessibility needs: \_\_\_\_\_

**Sponsorship Opportunity**

\$750 Gold  \$500 Silver  \$250 Bronze

**EVENT PAYMENT**

Payment in full is required at the time of registration.

Number attending \_ x \$130 per person : \$

Sponsorship Total: \$

**TOTAL AMOUNT DUE: \$**

Check enclosed (Payable to HCP PAC)

Personal Credit Card Payment:

Choose one:  Visa  MasterCard  Discover  Call for credit card info

(American Express is not accepted by the HCP PAC)

**Credit Card Information:**

Billing Address (please print): \_\_\_\_\_

Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Cardholder Name (PRINT)