



## CONVENIENT WAYS TO REGISTER

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

**SCAN/EMAIL/CALL** registration and credit card  
hcp@nyshcp.org | 518.463.1118

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

## HCP PAC Fundraiser Monday, October 27, 2025 5:30 PM - 7:00 PM

Join us at this year's HCP PAC Fundraiser, Monday night from 5:30 – 7:00 pm at Hilton Pearl River, meet and reconnect with home care industry colleagues from across New York State. Don't miss the chance to attend this fun event and support the essential work of the HCP PAC!

HCP PAC Fundraiser cancellations received by October 10, 2025 will be issued a refund, less a \$50 administrative fee. **Cancellations made after October 10, 2025 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 \$145 per person : \$

Sponsorship Total: \$

**TOTAL AMOUNT DUE: \$**

☐ Check enclosed (Payable to HCP PAC)

☐ Personal Credit Card Payment: **only use form or call in - do not pay in portal**

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) \_\_\_\_\_