SOUTH CAROLINA ASSISTED LIVING ASSOCIATION

SCALA

WWW.SCASSISTEDLIVING.ORG | 803-851-6308

Presented virtually December 2, 2020

ANNUAL HOLIDAY MEETING 2020

Approved for 6 NAB hours.

AGENDA
Dec. 2, 2020

Please note SCALA reserves the right to make any needed changes in the agenda schedule. This is our proposed schedule of topics.

9:00 -9:30 am

Welcome and a word from our Sponsors

9:30 -10:00 am

Federal, State & Local Economic Development Programs: Im-mediate Financial Impact for Your Business- *John Hostetler & Rodney Haynes, Empower Solutions.*

10:00 -10:30 am

LLR Long Term Care Administrators Update

10:30 -11:30 am

DHEC Updates & Covid 19 Updates- *JoMonica Taylor, Interim Section Manager for Residential Facilities Oversight*

11:30 -12:00 pm

Holiday Scams & Identity Theft -*Cedric Wright, SC Department of Consumer Affairs*

12:00 -1:00 pm   Lunch Break

1:00- 2:00 pm

Fire & Life Safety Updates, Seasonal safety issues, & weather preparedness. *Todd McAlhany & David Moody, DHEC*

2:00- 3:00 pm

Protection & Advocacy for People with Disabilities: CRCF Inspections. *Anna Maria Conner, P & A Attorney*

3:00 -3:30 pm

Office on Aging Updates *Đale Watson, LTC Ombudsman Office*

3:30 -4:00 pm

Legislative Update & any other industry news -*Susan Bowling, SCALA Lobbyist & Melody Bailey, ED*

4:00 p.m.

Adjournment, Certificates will be emailed to registrants

About this meeting

This training and networking event will offer the latest updates and industry news from South Carolina agencies. This important information is beneficial for you to share with your communities. **Approved for 6 NAB hours.**

MEMBERSHIP DUES ARE DUE DECEMBER 1

Please be sure to submit your membership application or request an invoice if needed for membership dues. We have a lot of opportunities to be involved! Committees, assisting with conferences and education seminars and planning events! Contact Melody with any questions! Thank you for your support

The 2021 Education schedule will be available in February.

6 hours of continuing education credit for administrators has been approved by NAB.

SAVE THE DATE– 18 ceu's

SPRING CONFERENCE & TRADE EXPO

MARCH 31- APRIL 1, 2021

COLUMBIA, SC

Annual Meeting Registration

DETAILS: Dec. 2, 2020   9 a.m. - 4 p.m.   Presented virtually via live Zoom webinar.
You will receive the link for access a few days prior to the event.

CERTIFICATE: **Certificate will be emailed to you following the meeting.**

CE HOURS: **approved for 6 NAB hours**

Members-- $50 each   **Non-Members:** $100 each

Late registrations after Nov. 25 add $20

REGISTRATION INFORMATION: Please PRINT all information. Duplicate form if needed.

Company or Community Name: _____

Address: _____

City/State/Zip: _____

Tel:_(_____)_____

Email: _____

Participant (s) Name:	**NAB/ CRCFA/NH**A #:	Fees
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

PAYMENT INFORMATION: Total Due $_____

☐ **Check for $_____ enclosed   or**   ☐ **Charge $_____ to my Visa/MasterCard/ Discover/American Express**

#_____, Exp._____

Name on Card _____

Signature: _____ Date _____

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VIRTUAL ANNUAL MEETING SPONSORSHIP

DECEMBER 2, 2020

All sponsors receive:

♦ The attendee list with contact info a week prior to the meeting

♦ Access for 2 guests to participate in the Virtual Annual Meeting (you can use these for clients/administrators whoever that may want to participate)

♦ The opportunity to address participants for 5-10 minutes at a designated time during the event. You may showcase a product or demonstrate a product/service if you prefer.

♦ Logo & recognition in promo materials.

♦ Promotion with logo on the SCALA FaceBook page https://www.facebook.com/scassistedliving

♦ SCALA will send one email of your content to our membership.

♦ Opportunity to submit an article (350 words or less) for our December newsletter. (please submit to SCALA by Dec. 1)

Submit payment & registration to:

SCALA

110 Ministry Drive

Suite D

Irmo SC 29063

Or email to SCALA@scassistedliving.org

fax to 803-753-9296

Sponsorship ☐ $500

Company Name: _____

Address: _____

City: State: Zip: _____

Phone: _(_____) _____

Primary Contact: _____

Email: _____

(All information will be mailed or emailed to this individual)

PAYMENT INFO: ☐ Check Enclosed (payable to SCALA) ☐ Charge my Visa, M/C , AMEX, Discover

Card #:_____ Expiration Date: _____

Name on Card: _____

Approval Signature: _____

Email for receipt if different than above: _____