## 2024 Convention Schedule - Mastering the Power of Aging

| MON. 10/21       |                                                                 | <b>TUE. 10/22</b> |                                                             |
|------------------|-----------------------------------------------------------------|-------------------|-------------------------------------------------------------|
| 12 - 3 PM        | REGISTRATION                                                    | 12 - 1:00 PM      | LUNCH                                                       |
| 3:00 PM          | CONVENTION CONVENES                                             | 1 - 2:00 PM       | EXHIBIT HALL                                                |
|                  | President's Remarks                                             | 2 - 3:00 PM       | CHOICE OF BREAKOUT SESSION                                  |
|                  | Election of Board Officers                                      |                   | 1) What's Ahead for Medicaid                                |
|                  | Welcome from Saratoga Springs                                   |                   | Lara Kassal, Medicaid Matters                               |
|                  | Mayor Safford                                                   |                   | 2) The Equal Rights Amendment                               |
|                  | Executive Director's Report                                     |                   | and Ballot Measures, League of                              |
|                  | The View From Washington                                        |                   | Women Voters*                                               |
|                  | Kathleen Otte*, Regional Director                               | 3:15 - 4:15 PM    | CHOICE OF BREAKOUT SESSION                                  |
|                  | Region II, Centers for Medicare<br>and Medicaid Services        |                   | 1) SMP Meeting (Open to All,                                |
|                  | Rhonda Schwartz*, Regional                                      |                   | mandatory for SMP volunteers)                               |
|                  | Administrator - Region II,                                      |                   | 2) Addressing the Dental Care                               |
|                  | Administration for Community Living                             |                   | Crisis, Bridget Walsh, Schuyler                             |
|                  | Where's the Money Coming From?                                  |                   | Center for Analysis & Advocacy                              |
|                  | State & Federal Budgeting                                       | 4:30—5:30 PM      | AFTERNOON OPTIONS                                           |
|                  | Ron Deutsch*, New Yorkers for Fiscal                            |                   | 1) Legislative Issues Town Hall                             |
|                  | Fairness                                                        |                   | Meeting                                                     |
| 5:30 PM          | HAPPY HOUR                                                      |                   | 2) Shop 'til You Drop—explore                               |
|                  | Meet Friends old & new                                          |                   | downtown Saratoga Springs<br>just 2 short blocks from hotel |
|                  | Dinner on your own                                              |                   | 3) Guided Walking Tour                                      |
| 7 - 9 PM         | EVENING OPTIONS                                                 |                   | Congress Park                                               |
|                  | 1) Karaoke                                                      | 6:00 PM           | Awards Gala—Dinner & Dancing                                |
|                  | 2) Casino (transportation provided)                             | 0.00 P W          |                                                             |
|                  | 3) Documentary Film & Discussion                                | WED. 10/23        |                                                             |
| <b>TUE. 10/2</b> | 2                                                               | WED. 10/23        | 1                                                           |
|                  | _                                                               | 7 - 10:30 AM      | BREAKFAST—Overnight guests                                  |
| 7 - 10:30 AM     | BREAKFAST—Overnight guests<br>eat breakfast in hotel restaurant |                   | eat breakfast in hotel restaurant                           |
| 9.00 ΔΜ          | eat breakiast in noter restaurant<br>Key Note Speaker:          | 8:30 AM           | Taking it Home                                              |

- 9:00 AM Key Note Speaker: The Master Plan on Aging
- 10:00 AM Medicare and EPIC Updates
- 11 12 PM Direct from the Government Senator Cordell Cleare, Chair, NYS Senate Aging Committee; Assemblymember John McDonald, member, NYS Assembly Health & Ways and Means Committees Congressman Paul Tonko\*

**NEW LOCATION—EMBASSY SUITES** includes new hotel suites, full breakfast for overnight guests and Happy Hour at the hotel bar.

Adoption of the 2025 State

and Federal Legislative

**CLOSING REMARKS** 

Boxed lunch to go.

**Priorities** (Members only)

\*invited

Medicare, Medicare Fraud and Patient's Rights Helpline 800-333-4374

9:30 AM

11:30 AM

## October 21-23, 2024 at the Embassy Suites in Saratoga Springs, NY

| First Name Last                                                                                                                                                                                                                                                                                                                                                                                                               | Name                                                                                              | Phone_(                                                                                                                | )                                                                                                                   |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--|--|
| Address                                                                                                                                                                                                                                                                                                                                                                                                                       | City                                                                                              | Zip                                                                                                                    |                                                                                                                     |  |  |
| E-mail                                                                                                                                                                                                                                                                                                                                                                                                                        | Affiliation (if any)                                                                              |                                                                                                                        |                                                                                                                     |  |  |
| I need transportation from:  UWNY                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                   |                                                                                                                        |                                                                                                                     |  |  |
| Check one: Package Option (from below                                                                                                                                                                                                                                                                                                                                                                                         | ) 🗆 A 🗆 B 🗆 C 🗆 D 🗆 E 🗆 F                                                                         | □g □h □i                                                                                                               |                                                                                                                     |  |  |
| Total enclosed \$ If you are not a member and would like to join now, add \$20 to your registration                                                                                                                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                        |                                                                                                                     |  |  |
| Double room,      Triple room,* Room-mate's Name(s)                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                        |                                                                                                                     |  |  |
| □ If you are registering for the first time, please check the box and provide the name of the member who encouraged you to register.** First Name Last Name                                                                                                                                                                                                                                                                   |                                                                                                   |                                                                                                                        |                                                                                                                     |  |  |
| Check box for your Lunch and Dinner Choice: (Breakfasts included in package for overnight hotel guests only)<br>Lunch Tues.  Crab Cake Cheese Ravioli Grilled Chicken Caesar Salad Dinner Tues. Beef Short Rib Salmon Gluten Free Other                                                                                                                                                                                       |                                                                                                   |                                                                                                                        |                                                                                                                     |  |  |
| <b>PACKAGE PRICING FOR THE CASH/CHEC</b><br>FULL Package <b>A</b> : Single, 2 nights, and 5 m<br>FULL Package <b>B</b> : Double, 2 nights, and 5 m<br>FULL Package <b>C</b> : Triple, 2 nights, and 5 m<br>Package <b>D</b> : Single, Mon. night hotel, Tue.<br>Package <b>E</b> : Double, Mon. night hotel, Tue.<br>Package <b>F</b> : Single, Tue. night hotel, Tue. I<br>Package <b>G</b> : Double, Tue. night hotel, Tue. | neals<br>meals<br>eals<br>bkfst, lunch<br>e. bkfst, lunch<br>unch, dinner + Wed. bkfst, lunch box | Member<br>\$495/person<br>\$360/person<br>\$296/person<br>\$270/person<br>\$195/person<br>\$345/person<br>\$265/person | Non-member<br>\$610/person<br>\$435/person<br>N / A<br>\$345/person<br>\$270/person<br>\$400/person<br>\$310/person |  |  |
| <b>COMMUTERS</b><br>FULL Package <b>H</b> : 3 days, and 2 meals + lu<br>Package <b>I</b> : Monday<br>Package <b>J</b> : Tuesday, lunch only<br>Package <b>K</b> : Tuesday, 2 meals (lunch, dinner<br>Package <b>L</b> : Tuesday Awards, dinner only                                                                                                                                                                           | nch box<br>er)                                                                                    | \$175/person<br>\$35/person<br>\$75/person<br>\$145/person<br>\$75/person                                              | \$265/person<br>\$110/person<br>\$150/person<br>\$210/person<br>\$ 75/person                                        |  |  |
| **FOR EACH FIRST TIMER YOU BRING TO CONVENTION: The referring member will get a gift certificate towards                                                                                                                                                                                                                                                                                                                      |                                                                                                   |                                                                                                                        |                                                                                                                     |  |  |

a 1 year membership that you can use for yourself in 2025 or after or as a gift.

CHECK PAYABLE to NY StateWide Senior Action Council. Mail to: Gail Myers, 46 Commonwealth Dr., Glenmont, NY 12077 Online credit Card Charges Accepted. Call 518-703-2617 for more information.

REGISTRATION DEADLINE: Return this form w/ accompanying full payment by September 10, 2024 to avoid a \$25 late registration penalty. Cancel by October 16, for a full refund.

**HOTEL INFORMATION:** Embassy Suites, 86 Congress St., Saratoga Springs, NY 12866 Phone: 1-518-290-9090, Hotel Accommodations Included in Package Pricing. StateWide will make your reservation.

\*Triple room rate only available for members attending the full conference