

“Litigation Impacts of “Never Events” Audioconference Registration Form

AUDIENCE:

CEO, COO, CFO, CNO, Nurse Leadership, TJC Coordinator, PI Director, Risk Managers, Safety Officer, Compliance Officer

DATE:

March 2, 2010
8:00 am—9:00 am MST

PRICES:

MHA Members: \$165/line
Non-Members: \$210/line

REGISTER BY:

February 24, 2010

SERIES OVERVIEW

This presentation will review the development and implementation of HACs & the potential use of HAC data and occurrences by plaintiffs in malpractice suits. Also discussed is practical considerations and steps hospitals should implement to best protect themselves from HAC-related litigation.

Contact Person: Please fill out the contact information for the person that will be responsible for receiving and distributing dial-in information and handouts.

REGISTRATION INFORMATION

To ensure your spot at this audioconference, please fill out the information below, completely, and fax to MHA at (406)443-3894, Attn: Jennifer Wagner. **You may also register online at www.mtha.org.**

REFUNDS Fees will be refunded only if written cancellation is received by MHA by 5 pm on February 26, 2010. Fax written cancellation to MHA at (406)443-3894, Attn: Jennifer Wagner. E-mails and phone call cancellations will not be accepted.

Participant Information:

Facility Name: _____
Contact Name: _____
Email Address: _____
Facility Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

YES! We wish to participate in the audioconference. I understand we will be emailed the dial-in number, agenda, and materials prior to the conference. _____ **Number of lines** _____ **MHA Member(\$165/line)** _____ **Non Member(\$210/line)**

Payment Information *(All credit card information is required and must be complete).*

Total Payment Due: \$ _____

Visa Mastercard Discover American Express
Card number: _____ Expiration Date: _____
Cardholder Name: _____ CVS #* _____
Credit Card Complete Billing Address _____
Signature: _____

*The CVS number is the 3 digit number on the back of your card. For AMEX it is 4 digits on the front

A check, payable to MHA is being mailed to P.O. Box 5119; Helena, MT 59604-5119

FOR INTERNAL USE ONLY: DATE PAID: _____ REGISTRATION ENTERED (DATE): _____ BY: _____
CONFIRMATION SENT (DATE): _____ BY: _____

ACCOUNTING CODE: 08-10-06 CHECK#: _____ AMT: _____ INVOICE (DATE): _____ BY: _____



For questions regarding education, please contact:
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