

The Link Between Quality & Survey Readiness for Small Rural and CAHs REGISTRATION FORM

DATE:

Part I– March 30, 2010
Part II - April 13, 2010
10:30 am—12:00 pm each day

PRICES:

MHA Members: \$165/line/session
\$280/line/series
Non-Members: \$210/line/session
\$370/line/series

REGISTER BY:

March 23, 2010 at 5pm

REGISTRATION INFORMATION

To ensure your spot at this very important workshop, 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 March 27, 2010. Fax written cancellation to MHA at (406) 443-3894, Attn: Jennifer Wagner. E-mails and phone call cancellations will not be accepted.

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

Participant Information:

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

Series Selection (see session dates above)

2-Part Series (\$280/\$370) Part 1 (\$165/\$210) Part 2 (\$165/\$210) *(Check up to 1 session. If more than 1, select 2-part series)*
_____ Number of lines _____ MHA Member ___ Non Member

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
 Please invoice me—MHA Member Facility PO#: _____

FOR INTERNAL USE ONLY: DATE PAID: _____ REGISTRATION ENTERED (DATE): _____ BY: _____
CONFIRMATION SENT (DATE): _____ BY: _____
ACCOUNTING CODE: 08-10-14 CHECK#: _____ AMT: _____ INVOICE (DATE): _____ BY: _____