

MHA 2008 SPRING CONFERENCE & TRADE FAIR

Facility Batch Registration Form

Please complete the contact information below.

Facility Name: _____

Address: _____

City/State/Zip: _____

Contact Name: _____ Telephone: _____

Fax: _____ Email: _____

Registration Fees:

Please check (X) appropriate category and complete mandatory fee sections

#	Facility Registration & Base Fee	By 3/21	After 3/21	Total Fee
	Mandatory Per Person Fee #of ppl.	\$80/person	\$100/person	
Member	A. Member Facility Base Fee (more than 1 person attending)			
	1. 10m+ NPR Base Fee*	\$1095	\$1195	
	2. 4m - 10m NPR Base Fee*	\$795	\$895	
	3. <4m NPR Base Fee*	\$600	\$700	
	B. Member Hospice/Home Health/ Assisted Living Facilities Base Fee* <small>*(stand-alone agency only OR affiliated hospital/ nursing home NOT attending conference)</small>	\$545	\$645	
	C. Associate Member Facility Base Fee (more than 1 person attending)	\$795	\$895	
Non-Member	D. Non-Member Facility Base Fee (more than 1 person attending)	\$1195	\$1295	
	E. Non-Member Hospice/Home Health/Assisted Living Facility Fee* (more than 1 person attending)	\$745	\$845	

*SEE PAGE 16 FOR INFORMATION REGARDING NPR.

USE THIS FORM TO
"BATCH" YOUR
REGISTRATIONS IF YOU
ARE SENDING MORE
THAN ONE (1)
PARTICIPANT FROM
YOUR FACILITY.

FAX/MAIL TO:
MHA
PO Box 5119
HELENA, MT 59604

FAX: 406-443-3894

#	Conference Luncheons - NO ADDITIONAL FEES
	Opening Social Wednesday 5:00 pm
	Conference Luncheon Thursday 11:30am
	Vendor Fair & Reception Thursday 4:00 pm

Total Payment Due: \$ _____

MHA will verify your individual registrations and total facility fees and send you an invoice.

Thank you for registering for the 2008 Spring Conference & Trade Fair!

WE'LL SEE YOU IN APRIL!