

REGISTRATION FORM

P R I N T

PARTICIPANT INFORMATION

Your name badge will be printed from this information. If you enter a formal name (Robert, James) that name will be printed on your name badge. If you enter a nickname (Bill, Chuck, Randy) that name will be used. Please note: due to space considerations, both names will not appear on the name badge. Email will be used for all conference updates. Please complete all fields.

First Name _____ Last Name: _____
 Title: _____ Phone: _____
 Facility/Organization Name: _____
 Mailing Address/City/State/Zip: _____
 Email: _____
 Special Services: If you have any special dietary restrictions or require special services, please check here:

JOB CODE Check (✓) the job code that best fits your position. Please check only one.

<input type="checkbox"/> Administrator/CEO (MHA Member)	<input type="checkbox"/> Education/In-Service/Training	<input type="checkbox"/> HIM	<input type="checkbox"/> NH Administrator
<input type="checkbox"/> Activity Director/Staff	<input type="checkbox"/> Emergency Preparedness	<input type="checkbox"/> Home Health	<input type="checkbox"/> Nursing (non-DON)
<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Engineer/Plant Operations	<input type="checkbox"/> Hospice	<input type="checkbox"/> Other _____
<input type="checkbox"/> Board of Directors/Trustee	<input type="checkbox"/> Executive Staff (non-CEO)	<input type="checkbox"/> Hospice/Home Health	<input type="checkbox"/> Personnel/HR
<input type="checkbox"/> Chaplain/Pastoral Care	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Infection Control	<input type="checkbox"/> PR/Marketing/Foundation
<input type="checkbox"/> Director of Nursing	<input type="checkbox"/> Guest/Spouse/Speaker	<input type="checkbox"/> Materials Manager	<input type="checkbox"/> Quality (QI/QA)
		<input type="checkbox"/> MDS Staff	

REGISTRATION FEES

✓ CONFERENCE REGISTRATION FEE	On or before 3/7	After 3/7	Total Fee
Member & Associate Member	\$220	\$270	
Non-Member	\$320	\$370	

✓ CAH DON FORUM* Invitation Only	Register by 3/15	Total Fee
CAH DON Forum ONLY <i>Wednesday 11:30am - 4:45pm</i> <i>Lunch will be provided</i>		No per person fee
CAH DON Forum Breakfast <i>Thursday 7 - 8am</i>		No per person fee
CAH DON Forum & Spring Conference <i>Wednesday - Friday</i> <i>Includes Wednesday DON Forum & Spring Conference</i>		\$220 (please see page 17 for details about the \$100 rebate for CAH DONs through the Flex grant)

✓ BONUS SESSION	Fee	Total Fee
Respecting Choices POLST Workshop Tuesday 3/20 1:00-5:00pm and Wednesday 3/21 8:00am -12:00pm	\$125 registration closes 2/24	

PAYMENT INFORMATION

TOTAL PAYMENT DUE: \$ _____

PLEASE INVOICE ME—MHA Member Facility PO#: _____

CHECK ENCLOSED

CREDIT CARD PAYMENTS—to protect your privacy and financial information, all credit card payments must be done via our secure site. Visit www.mtha.org for links to register for the conference. Please contact Kim Wiens at 457-8017 or kim@mtha.org with any problems or questions.

FOR INTERNAL USE ONLY:	DATE PAID: _____	REGISTRATION ENTERED (DATE): _____
BY: _____	CONFIRMATION SENT (DATE): _____	BY: _____
<input type="checkbox"/> CHECK#: _____ AMT: _____	<input type="checkbox"/> INVOICE (DATE): _____	BY: _____

WORKSHOP SELECTION:

Check (X) only one workshop in each session. Use one form per participant, make copies as necessary.

Other Meetings	
	X1 Opening Reception Wednesday 5:00-6:00pm
	X2 Nurse Leadership Forum Thursday 8:00-11:15am
	X3 Lunch Thurs 11:30am-12:45pm
	X4 MSHHRA Business Meeting Thursday 11:30am-12:45pm
	X5 Vendor Fair Thursday 4:15-6:15pm
Session A • Wednesday • 1:30 - 3:00 PM	
	A1 Medicare Hospice Updates from CGS Administrators, LLC
	A2 Nursing Home Safety Culture
	A3 POLST Update
Session B • Wednesday • 3:30 - 5:00 PM	
	B1 Medicare Home Health Updates from CGS Administrators, LLC
	B2 From Scaring to Caring. Saint Joseph Medical Center a little "hospital that could."
	B3 Medicaid Reimbursement Issues- Nursing Facility & Community Services
Session C • Thursday • 8:00 - 9:30 AM	
	C1 Home Health Circle
	C2 Demystifying Resistance and Refusals-Understanding Behaviors & Then Helping
	C3 As Evidenced By: Documenting to Enhance Care, Ensure Payment
	C4 POLST Update (repeat)

Session D • Thursday • 9:45 - 11:15 AM	
	D1 The Nuts & Bolts of Employee Documentation
	D2 MDS 101 for Managers: What Do I Need to Know?
	D3 Developing Activities that Have Meaning & Work
	D4 We Honor Veterans Campaign-Moving Beyond Recruit
	D5 Preparing for ICD-10: The Time is Now
Session E • Thursday • 12:45 - 2:15 PM	
	E1 How to Delegate Without Losing Your Friends, Your Job, or Your Nursing License
	E2 Medicaid Case Mix Reimbursement-RUG III
	E3 Understanding the Different Dementias- One Size Does Not Fit All!-It Makes a Difference!
	E4 Hospice Regulatory Hot Topics
	E5 ICD-10-CM Coding in Home Health
Session F • Thursday • 2:45 - 4:15 PM	
	F1 Tying Competency Assessment to Quality Improvement
	F2 Long-Term Care DON Circle
	F3 Creating High Performance Teams as a Strategy for Sustainable Success
	F4 Medicare Prospective Payment System (PPS)-RUG IV
	F5 Improving Your OASIS and Coding
Keynote • Friday • 8:30 - 10:00 AM	
	Celebrating Our Moments of Excellence
Session G • Friday • 10:30 AM - 12:00 PM	
	G1 Update from the Montana Board of Nursing
	G2 Why do we need to engage our communities in improving population health?
	G3 Hospice Circle

Questions? Contact Kim Wiens
(406) 442-1911 • (800) 351-3551 (MT only)

REGISTER ONLINE!
www.mtha.org

Return by fax to: (406) 443-3894
or by mail:
PO Box 5119 • Helena, MT 59604-5119

YOU MUST Turn Over & Complete the Other Side. Incomplete Registrations will not be accepted.