

2017 INTERDISCIPLINARY CONFERENCE

Strengthen your organization: care, compliance, quality

EDUCATION PROGRAMS & PRECONFERENCE SEMINARS - SEPTEMBER 16-17, 2017

MAIN CONFERENCE - SEPTEMBER 18-20, 2017

SAN DIEGO MARRIOTT MARQUIS & MARINA
SAN DIEGO, CA



Conference Registration

Please type or print clearly. Copy a separate Attendee Conference Registration for each registrant. (See back)

Attendee Name _____ Credentials (RN, LCSW, etc.) _____

Attendee E-mail Address (required) _____

Organization _____

Organization Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Please select CE/CME Credit desired: Compliance Officer Counselor Nurse Physician
 Social Worker Quality Professional Certificate of Participation for Non-Physician Healthcare Professional

I require special services to fully participate in this conference. (Please attach description of your needs.)

I have dietary preferences: Vegetarian meal Gluten-free meal Kosher meal

Opt Out - Exhibitor Mailing List (email and/or direct)

To register, make your selections in Sections A through D; add the subtotals and indicate the amount in Section E.

A. NHPCO Main Conference Registration Monday, September 18 - Wednesday, September 20, 2017

	Member	Non-Member	Faculty
Early Bird Rates Valid NOW thru 7/15/2017	<input type="checkbox"/> \$625	<input type="checkbox"/> \$825	<input type="checkbox"/> \$550
Advance Rates Valid 7/16 thru 8/28/2017	<input type="checkbox"/> \$675	<input type="checkbox"/> \$875	<input type="checkbox"/> \$550

Subtotal Section A \$ _____

B. One Day Conference Registration (Includes educational sessions on the day(s) selected. Check the days you will attend.)

	Early Bird Rates Valid thru 7/15/2017 Member/Non-Member	Advance Rates Valid 7/16 thru 8/28/2017 Member/Non-Member	Faculty Rates
Monday, September 18 (Day 1)	<input type="checkbox"/> \$350 / <input type="checkbox"/> \$550	<input type="checkbox"/> \$350 / <input type="checkbox"/> \$550	<input type="checkbox"/> \$270
Tuesday, September 19 (Day 2)	<input type="checkbox"/> \$350 / <input type="checkbox"/> \$550	<input type="checkbox"/> \$350 / <input type="checkbox"/> \$550	<input type="checkbox"/> \$270
Wednesday, September 20 (Day 3)	<input type="checkbox"/> \$280 / <input type="checkbox"/> \$480	<input type="checkbox"/> \$280 / <input type="checkbox"/> \$480	<input type="checkbox"/> \$229

Subtotal Section B \$ _____

C. Conference Guest Pass Rates Valid thru 8/28/2017

Includes conference meal functions and Exhibit Hall only

Guest Name: _____ \$350

Subtotal Section C \$ _____

ATTENDEE CONFERENCE REGISTRATION

Name _____ Email _____

D. Educational Program and Preconference Seminars Registration

Make selection by checking the appropriate box(es) below. Rates are listed as Member/Non-Member.
(Only one selection should be made for each time slot. Be sure your selections do not conflict with each other.)

	Early Bird Rates <i>Valid thru 7/15/2017</i>	Advanced Rates <i>Valid 7/16 thru 8/28/2017</i>
Two-Day Educational Program (Includes breakfast and lunch)		
Sat/Sun September 16 - 17, 8:30 am - 5:00 pm		
Hospice Manager Development Program Foundational Course (MDP)	<input type="checkbox"/> \$650 / <input type="checkbox"/> \$1300	<input type="checkbox"/> \$650 / <input type="checkbox"/> \$1300
Afternoon Preconference Seminar - Saturday, September 16, 1:00 pm - 5:00 pm		
PC1: Community-Based Palliative Care: Getting Started	<input type="checkbox"/> \$250 / <input type="checkbox"/> \$525	<input type="checkbox"/> \$250 / <input type="checkbox"/> \$525
One-Day Preconference Seminar - Sunday, September 17, 8:30 am - 5:00 pm (Includes breakfast and lunch)		
PC2: Community-Based Palliative Care: Making It Work (8:30 am - 5:00 pm)	<input type="checkbox"/> \$375 / <input type="checkbox"/> \$750	<input type="checkbox"/> \$375 / <input type="checkbox"/> \$750
Morning Preconference Seminars - Sunday, September 17 (Includes breakfast)		
PC3: On-Ramps, Off-Ramps and Unexpected Intersections: Navigating Transitions in Palliative and Hospice Care (8:30 am - 11:30 am)	<input type="checkbox"/> \$175 / <input type="checkbox"/> \$350	<input type="checkbox"/> \$175 / <input type="checkbox"/> \$350
PC4: GIP: Eligibility, Documentation, Risk (9:00 am - 12:00 pm)	<input type="checkbox"/> \$175 / <input type="checkbox"/> \$350	<input type="checkbox"/> \$175 / <input type="checkbox"/> \$350
PC5: Interdisciplinary Team Leadership: Building High Performance Teams (9:00 am - 12:00 pm)	<input type="checkbox"/> \$175 / <input type="checkbox"/> \$350	<input type="checkbox"/> \$175 / <input type="checkbox"/> \$350
Afternoon Preconference Seminar - Sunday, September 17, 1:30 pm - 4:30 pm		
PC6: Medical Compliance for Physicians and Advanced Practice Nurses	<input type="checkbox"/> \$175 / <input type="checkbox"/> \$350	<input type="checkbox"/> \$175 / <input type="checkbox"/> \$350
PC7: Moving WAY Beyond Assessment and "Support"	<input type="checkbox"/> \$175 / <input type="checkbox"/> \$350	<input type="checkbox"/> \$175 / <input type="checkbox"/> \$350
PC8: Linking CAHPS Hospice Survey Results and Billing Data	<input type="checkbox"/> \$175 / <input type="checkbox"/> \$350	<input type="checkbox"/> \$175 / <input type="checkbox"/> \$350

Subtotal Section D \$ _____

E. Total Registration Fees

Totals for sections A, B, C, D

Total for this Attendee \$ _____

PAYMENT INFORMATION

Complete only one PAYMENT INFORMATION FORM for all conference attendees.

Please refer to **"Total for this Attendee"** (section E on page 2) for each attendee when calculating Grand Total. Include all Attendee Conference Registrations when submitting payment by fax or mail.

Organization _____ NHPCO Member # _____

Organization Address _____

Organization City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail Address *(required)* _____

Payment Information

(If payment in full does not accompany this form, your registration will not be processed.)

- Checks must be in US funds;
- A charge of \$25 will apply to checks returned for insufficient funds;
- In the event the total calculated is incorrect, NHPCO will charge the remaining amount deemed to be accurate and appropriate to the cardholder listed below.

Registration Cancellation Policy

Cancellation requests must be made in writing; a \$50 processing fee will apply. Cancellations postmarked on/before July 15, 2017 receive a full refund less the processing fee. Cancellations between July 16 and August 28 receive a 50% refund less the processing fee. Refunds will not be provided for cancellations postmarked after August 28, 2017. Substitutions are welcome; please submit your request in writing. Send cancellation or substitution requests via email to conferences@nhpco.org or via fax at (703) 837-1233.

Refunds will be processed within 15 days after the conference. NHPCO reserves the right to substitute faculty or to cancel or reschedule sessions due to low enrollment or other unforeseen circumstances. If the conference must be cancelled, registrants will receive a full credit or refund of paid registration fees. Refunds cannot be provided for lodging, airfare or other expenses related to attending the conference.

Total # of Registrants: _____

Grand Total of all Registrant Fees \$ _____

Check # _____ or   

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CREDIT CARD NUMBER

--	--	--

EXP DATE

--	--	--

 **Visa/MC Cvv Code**
3-digits back right side.

--	--	--	--


 **AMEX Cvv Code**
4-digits front right side.


NAME ON CARD (PLEASE PRINT CLEARLY)

SIGNATURE _____
DATE

Please submit all Attendee Conference Registrations with payment by fax or mail:

 **Online:**
www.nhpco.org/IDC2017

 **Mail this form:**
NHPCO, 2017 IDC Registration
P.O. Box 824392, Philadelphia, PA 19182-4392

 **Fax this form:**
(703) 837-1233

Overnight Deliveries:
PNC Bank c/o NHPCO, Lockbox Number 824392
Route 38 & East Gate Drive, Moorestown, NJ 08057