

LEADERSHIP & ADVOCACY CONFERENCE

2019

PRECONFERENCE **APRIL 13-14, 2019**
 MAIN CONFERENCE **APRIL 15-17, 2019**

WASHINGTON, DC

National Hospice and Palliative Care Organization



Leadership & Advocacy Conference Registration (LAC)

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

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

Registrant E-mail Address (required) _____

Organization _____

Organization Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

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)

CE/CME credit is available at no additional charge for the following disciplines: Certified Public Accountant*, Compliance Officer*, Counselor, Nurse, Social Worker, Physician (*pending approval)

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

A. NHPCO Main Conference Registration

Monday, April 15 - Wednesday, April 17, 2019

	Member	Non-Member	Faculty
Early Bird Rates Valid NOW thru 1/31/2019	<input type="checkbox"/> \$925	<input type="checkbox"/> \$1275	<input type="checkbox"/> \$625
Advance Rates Valid 2/1/2019 thru 3/29/2019	<input type="checkbox"/> \$975	<input type="checkbox"/> \$1325	<input type="checkbox"/> \$625

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 1/31/19 Member/Non-Member	Advance Rates Valid 2/1/19 thru 3/29/19 Member/Non-Member	Faculty Rates
Monday, April 15 (Day 1)	<input type="checkbox"/> \$500 / <input type="checkbox"/> \$700	<input type="checkbox"/> \$525 / <input type="checkbox"/> \$725	<input type="checkbox"/> \$260
Tuesday, April 16 (Day 2)	<input type="checkbox"/> \$500 / <input type="checkbox"/> \$700	<input type="checkbox"/> \$525 / <input type="checkbox"/> \$725	<input type="checkbox"/> \$260
Wednesday, April 17 (Day 3)	<input type="checkbox"/> \$500 / <input type="checkbox"/> \$700	<input type="checkbox"/> \$525 / <input type="checkbox"/> \$725	<input type="checkbox"/> \$260
Advocacy Pass Tues., April 16 2-5 pm and Wed., April 17	<input type="checkbox"/> \$125 / <input type="checkbox"/> \$175	<input type="checkbox"/> \$125 / <input type="checkbox"/> \$175	<input type="checkbox"/> \$125 / <input type="checkbox"/> \$175

Subtotal Section B \$ _____

C. Conference Guest Pass

Rates Valid thru 3/29/2019

Includes conference meal functions and Exhibit Hall only

Guest Name: _____ \$525

Subtotal Section C \$ _____

REGISTRANT 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 Valid thru 1/31/19	Advanced Rates 2/1/19 thru 3/29/19
Two-Day Educational Program - Sat/Sun April 13-14, 8:30 am - 5:00 pm (Includes breakfast and lunch)		
Hospice Manager Development Program's Foundational Course (MDP)	<input type="checkbox"/> \$675 / <input type="checkbox"/> \$1325	<input type="checkbox"/> \$675 / <input type="checkbox"/> \$1325
Hospice Compliance Certificate Program	<input type="checkbox"/> \$675 / <input type="checkbox"/> \$1325	<input type="checkbox"/> \$675 / <input type="checkbox"/> \$1325
1.5 Day Preconference Seminar - Sat. April 13, 8:30 am - 4:30 pm April 14, 8:30 am - 12:00 pm (Includes breakfast both days and lunch Saturday)		
PC1: Community-Based Palliative Care	<input type="checkbox"/> \$775 / <input type="checkbox"/> \$900	<input type="checkbox"/> \$775 / <input type="checkbox"/> \$900
Morning Preconference Seminars - Sunday, April 14, 9:00 am - 12:00 pm (Includes breakfast)		
PC2: Substance Abuse: A Leader's Primer	<input type="checkbox"/> \$200 / <input type="checkbox"/> \$325	<input type="checkbox"/> \$200 / <input type="checkbox"/> \$325
PC3: Hospice Accounting and Revenue Cycle Management for New Hospice Financial Managers - Part 1*	<input type="checkbox"/> \$200 / <input type="checkbox"/> \$325	<input type="checkbox"/> \$200 / <input type="checkbox"/> \$325
PC4: Right-Sizing Your Drug Budget by Right-Sizing Medication Regimens: Tools for Your Staff	<input type="checkbox"/> \$200 / <input type="checkbox"/> \$325	<input type="checkbox"/> \$200 / <input type="checkbox"/> \$325
Afternoon Preconference Seminars - Sunday, April 14, 1:30 pm - 4:30 pm		
PC5: Strategic Growth from All Perspectives: Clinical, Operational, IT and Sales & Marketing	<input type="checkbox"/> \$200 / <input type="checkbox"/> \$325	<input type="checkbox"/> \$200 / <input type="checkbox"/> \$325
PC6: Financial Management for New Hospice Financial Managers - Part 2*	<input type="checkbox"/> \$200 / <input type="checkbox"/> \$325	<input type="checkbox"/> \$200 / <input type="checkbox"/> \$325
PC7: CMS Demonstrations/Models: Past, Present and Future	<input type="checkbox"/> \$200 / <input type="checkbox"/> \$325	<input type="checkbox"/> \$200 / <input type="checkbox"/> \$325
*Finance Package (PC3 & PC6)	<input type="checkbox"/> \$360 / <input type="checkbox"/> \$650	<input type="checkbox"/> \$360 / <input type="checkbox"/> \$650

Subtotal Section D \$ _____

E. Special/Additional Events

National Hospice Foundation Annual Gala - Tuesday, April 16, 6:30 pm - 11:00 pm \$250

Subtotal Section E \$ _____

F. Total Registration Fees

Totals for sections A, B, C, D, E

Total for this Registrant \$ _____

PAYMENT INFORMATION

Complete only one PAYMENT INFORMATION FORM for all conference registrants.

Please refer to **“Total for this Registrant”** (section F on page 2) for each person when calculating Grand Total. Include all 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 January 31, 2019 receive a full refund less the processing fee. Cancellations between February 1, 2019 and March 29, 2019 receive a 50% refund less the processing fee. Refunds will not be provided for cancellations postmarked after March 29, 2019. 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:
nhpco.org/LAC2019



Mail this form:
NHPCO, 2019 LAC 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

