



NHPCO's Annual Management And Leadership Conference – 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 _____

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)

Please select CE/CME Credit desired: Compliance Professional Counselor Nurse
 Social Worker Physician Quality Professional

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, May 1 - Wednesday, May 3, 2017

	Member	Non-Member	Faculty
Early Bird Rates Valid NOW thru 2/13/2017	<input type="checkbox"/> \$850	<input type="checkbox"/> \$1150	<input type="checkbox"/> \$600
Advance Rates Valid 2/14 thru 3/27/2017	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1250	<input type="checkbox"/> \$600

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 2/13/2017 Member/Non-Member	Advance Rates Valid 2/14 thru 3/27/2017 Member/Non-Member	Faculty Rates
Monday, May 1 (Day 1)	<input type="checkbox"/> \$400 / <input type="checkbox"/> \$600	<input type="checkbox"/> \$425 / <input type="checkbox"/> \$625	<input type="checkbox"/> \$235
Tuesday, May 2 (Day 2)	<input type="checkbox"/> \$400 / <input type="checkbox"/> \$600	<input type="checkbox"/> \$425 / <input type="checkbox"/> \$625	<input type="checkbox"/> \$235
Wednesday, May 3 (Day 3)	<input type="checkbox"/> \$300 / <input type="checkbox"/> \$500	<input type="checkbox"/> \$350 / <input type="checkbox"/> \$550	<input type="checkbox"/> \$180

Subtotal Section B \$ _____

C. Conference Guest Pass

Rates Valid thru 3/27/2017

Includes conference meal functions and Exhibit Hall only

Guest Name: _____ \$500

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 2/13/2017</i>	Advanced Rates <i>Valid 2/14 thru 3/27/2017</i>
Two-Day Educational Program (Includes breakfast and lunch)		
Sat/Sun April 29 - 30, 8:30 am - 5:00 pm Hospice Manager Development Program Foundational Course (MDP)	<input type="checkbox"/> \$500 / <input type="checkbox"/> \$1000	<input type="checkbox"/> \$500 / <input type="checkbox"/> \$1000
One-Day Preconference Seminars		
Sunday, April 30		
PC2: Community-Based Palliative Care: Making It Work (8:30 am - 5:00 pm)	<input type="checkbox"/> \$550 / <input type="checkbox"/> \$700	<input type="checkbox"/> \$575 / <input type="checkbox"/> \$725
PC3: Culturocity: Competence in Transitional End-of-Life Care for Underserved Populations from Disparity to Equity (9:00 am - 4:30 pm) (Includes breakfast)	<input type="checkbox"/> \$450 / <input type="checkbox"/> \$600	<input type="checkbox"/> \$575 / <input type="checkbox"/> \$625
Morning Preconference Seminars - Sunday, April 30, 9:00 am - 12:00 pm (Includes breakfast)		
PC4: Hospice Regulatory Deep Dive - Part 1	<input type="checkbox"/> \$175 / <input type="checkbox"/> \$300	<input type="checkbox"/> \$200 / <input type="checkbox"/> \$325
PC5: Stemming Hospice Facility Losses in an Era of Shrinking GIP Utilization	<input type="checkbox"/> \$175 / <input type="checkbox"/> \$300	<input type="checkbox"/> \$200 / <input type="checkbox"/> \$325
PC6: The Secret Sauces of Transformational Leadership	<input type="checkbox"/> \$175 / <input type="checkbox"/> \$300	<input type="checkbox"/> \$200 / <input type="checkbox"/> \$325
Afternoon Preconference Seminar - Saturday, April 29, 1:00 pm - 5:00 pm		
PC1: Community-Based Palliative Care: Getting Started	<input type="checkbox"/> \$235 / <input type="checkbox"/> \$525	<input type="checkbox"/> \$260 / <input type="checkbox"/> \$575
Afternoon Preconference Seminar - Sunday, April 30, 1:00 pm - 4:30 pm		
PC7: Hospice Regulatory Deep Dive - Part 2	<input type="checkbox"/> \$175 / <input type="checkbox"/> \$300	<input type="checkbox"/> \$200 / <input type="checkbox"/> \$325
PC8: Data-Driven Strategy for New Payment Models	<input type="checkbox"/> \$175 / <input type="checkbox"/> \$300	<input type="checkbox"/> \$200 / <input type="checkbox"/> \$325
Monday, May 1, 1:30 pm - 4:30 pm		
Executive Leadership Workshop with Nick Tasler Think Strategically - Act Decisively: Diving Deep	<input type="checkbox"/> \$250 / <input type="checkbox"/> \$500	

Subtotal Section D \$ _____

E. Special/Additional Events

National Hospice Foundation Annual Gala - Tuesday, May 2, 6:30 pm - Midnight \$250

Subtotal Section E \$ _____

F. Total Registration Fees

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

Total for this Attendee \$ _____

PAYMENT INFORMATION

Complete only one PAYMENT INFORMATION FORM for all conference attendees.

Please refer to **“Total for this Attendee”** (section F 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 February 13, 2017 receive a full refund less the processing fee. Cancellations between February 14 and March 27 receive a 50% refund less the processing fee. Refunds will not be provided for cancellations postmarked after March 27, 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/MLC2017

 **Mail this form:**
NHPCO, 2017 MLC 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