Join NHPCO today!

Join NHPCO today and receive a $150 off the member rate for Interdisciplinary Conference Registration.

As a member, NHPCO will help you keep pace with the rapidly changing health care environment.

**Your membership gives you and your staff access to:**

- Trusted regulatory guidance – delivered in plain English
- Professional education opportunities – both in-person and online
- Operational benchmarking
- Survey readiness tools
- Outreach and marketing tools
- And more!

**Great, sign me up!**

To receive the discounted registration return the completed membership application and conference registration by October 18. NHPCO will not process conference registrations submitted without membership. Please enter the membership payment information on page 2 and the conference payment on page 5.

**Shoot, I can’t make it to the conference.**

That’s ok, you can still use the membership portion of the application to join, see pages 1-2 of the attached form.

**ACT NOW! Postmark Deadline is October 18**
New Member Provider Application

CONTACT INFORMATION

Primary Contact*: __________________________ Title: __________________________

Primary Contact Email: __________________________ Primary Contact Phone: __________________________

Company: __________________________

Do NOT list this organization in the NHPCO’s online “Find a Provider” feature.

Address: __________________________

City: __________________________ State: __________________________ Zip: __________________________

Phone: __________________________ Fax: __________________________ Website: __________________________

*The Primary Contact will receive NHPCO Provider mailings, be listed as the point of contact for membership communications, and serve as the Voting Delegate.

Do you operate additional locations? If your hospice operates more than one site, please complete the additional location section on the reverse side, and/or include attach a list of additional locations with this application. NHPCO membership rules require all locations of member organizations to join together.

DEMOGRAPHICS

Geographic area served by this location
(Choose one)
☑ Primarily Urban
☑ Primarily Rural
☑ Mixed Urban and Rural

Predominant Ownership (Choose one)
☑ Independent
☑ Corporate chain
☑ Health Plan/Managed care/HMO
☑ Integrated healthcare system (including VA)
☑ Continuing care retirement community
☑ Correctional facility
☑ Medicare certified home care agency
☑ University/academic institution
☑ Other (Explain): __________________________

Medicare Certified as a Hospice
☑ Yes   ☐ No

If no, are you seeking Medicare certification?
☑ Yes   ☐ No

Agency Type
(Select one, based on Medicare filing status)
☑ Free Standing
☑ Hospital Based
☑ Home Health Based
☑ Nursing Home Based

Accreditations (select all that apply)
☐ Accreditation Commission for Health Care (ACHC)
☐ Joint Commission
☐ Other: __________________________

Not Accredited

Do you have a specialized pediatric program?
☑ Yes   ☐ No

Where are your palliative care services provided? (Check all that apply)
☐ Home (patient’s residence)
☐ Clinic
☐ Inpatient facility/hospital
☐ Skilled nursing facility/nursing home
☐ Assisted Living Facility

What are your palliative care program’s reimbursement sources? (Check all that apply)
☐ Fee-for-service billing
☐ Medicare Home Health Care Benefit
☐ Contracts with payers
☐ Arrangements with ACOs (Accountable Care Organizations) or MSSPs (Medicare Shared Savings Plans)
☐ Private-Pay
☐ Philanthropy
☐ Parent Corporation

How many years has your palliative care program been in operation?
☐ < 1 year
☐ 1-2 years
☐ 3-5 years
☐ > 5 years

Do you have a palliative care program based on the Clinical Practice Guidelines for Quality Palliative Care (3rd edition)?
☑ Yes   ☐ No

DUES

Dues are based on the number of new hospice patients admitted during the previous 12 months - for all locations affiliated the organization. Members are expected to include admissions from all hospice locations within their organization when calculating dues. Individual hospice service sites of a corporate entity may not join separately.

Dues Calculation Formula

A. Total new patients admitted in the previous 12 months: __________

B. MEMBERSHIP DUES

Multiply admissions x $9.75 to calculate dues: $________

(Minimum dues are $500. If calculation is less than $500 enter $500)
OPTIONAL SERVICES

❖ Online Material Safety Data Sheet (MSDS) Program.  
The annual fee for the first location is $55 and $27.50 for each additional location. If ordering subscriptions for more than one location, use the additional section to identify the MSDS program contacts at each location.

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Fee for First Location</td>
<td>$55.00</td>
</tr>
<tr>
<td>B. Additional locations # ___ x $27.50</td>
<td>$_________</td>
</tr>
<tr>
<td>C. Total MSDS</td>
<td>$_________</td>
</tr>
</tbody>
</table>

MSDS Contact Name: ___________________________  Phone: ___________________________  Email: ___________________________

MSDS contact information is required if purchasing a subscription for this location. List only one MSDS Contact per location.

❖ Sign me up for a one-year subscription (12 issues) to the Journal of Pain and Symptom Management $160.00

TOTAL (Dues and Optional Services, and Contributions)

Your organization’s membership will begin the date the application is processed by NHPCO and will carry a 12 month term.

PAYMENT

Mail payment with completed forms to NHPCO. Make a copy of all forms for your records. NHPCO’s Federal Tax ID is 541096334.

❖ My check is enclosed in full. (Made payable to NHPCO)
❖ My check is enclosed in full. (Made payable to NHPCO)
❖ Please charge my: ☐ Visa/MC ☐ American Express

Everything stated in this form is correct and complete to the best of my knowledge.

SIGNATURE OF PERSON WHO COMPLETED FORM: ___________________________  DATE: ___________________________

PLEASE PRINT NAME: ___________________________  DATE: ___________________________

Membership dues are non-refundable. Return all forms with payment to: NHPCO, P.O. Box 824392, Philadelphia, PA 19182-4392 or Fax to: 703/837-1233. For overnight payment: PNC Bank c/o NHPCO, Lockbox Number 824392, Route 38 & East Gate Drive, Moorestown, NJ 08057 Allow up to two weeks for processing. If you have any questions about this application, please call or email the NHPCO Solutions Center at 800-646-6460 or solutions@nhpco.org.

ADDITIONAL LOCATION INFORMATION

Let us know about the other hospice and palliative care service locations your organization operates. If you have more than one subsidiary location, please attach a list of all locations. Be sure to include all of the information requested below if attaching additional locations.

You can also add MSDS Subscriptions for added locations using this form. Please add $27.50 per subscription to your MSDSOnline section of the application from.

Location Name: ____________________________________________________________

Address: _________________________________________________________________

City: ___________________________  State: ___________________________  Zip: ___________________________

Phone: ___________________________  Fax: ___________________________

Location Contact Person: ___________________________________________________

Location Contact’s Email: ___________________________________________________

MSDS Contact Person: _____________________________________________________

MSDS Contact Phone: ___________________________  MSDS Contact Email: ___________________________

MSDS contact information is required if purchasing a subscription for this location. List only one MSDS Contact per location.

Is this location an inpatient unit or facility? ☐ Yes  ☐ No

CODE: PROVNEWQ319
Conference Registration
Please type or print clearly. Copy a separate Attendee Conference Registration for each registrant. (See back)

Attendee Name__________________________________________________Credentials (RN, LCSW, etc.)__________________
Title ___________________________________________________________________________________________________
Organization ___________________________________________________________________________________________________
Organization Address ___________________________________________________________________________________________________
City __________________________ State __________________________ Zip __________
Phone __________________________ Fax __________________________
Attendee E-mail Address (required)___________________________________________

☐ 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 C; add the subtotals and indicate the amount in Section D.

<table>
<thead>
<tr>
<th>A. NHPCO Main Conference Registration</th>
<th>Monday, November 4 - Wednesday, November 6, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Member</td>
</tr>
<tr>
<td>New Member Rate Valid thru October 18</td>
<td>☐ $600</td>
</tr>
</tbody>
</table>

Subtotal Section A $ ________________

<table>
<thead>
<tr>
<th>B. Conference Guest Pass</th>
<th>Rates Valid thru 10/18/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Includes conference meal functions and Exhibit Hall only</td>
</tr>
<tr>
<td>Guest Name:</td>
<td>☐ $350</td>
</tr>
</tbody>
</table>

Subtotal Section B $ ________________
C. Educational Programs and Preconference Seminars Registration

Make selection by checking the appropriate box(es) below.
(Only one selection should be made for each time slot. Be sure your selections do not conflict with each other.)

<table>
<thead>
<tr>
<th>Two-Day Educational Programs - Saturday, November 2 and Sunday, November 3, 8:30 am - 5:00 pm (Includes breakfast and lunch)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospice Manager Development Program</td>
</tr>
<tr>
<td>Foundational Course (MDP)</td>
</tr>
<tr>
<td>Hospice Compliance Certificate Program</td>
</tr>
<tr>
<td>PC1: Community-Based Palliative Care: Beyond the Business Case - Operationalizing and Sustaining</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>One-Day Preconference Seminar - Sunday, November 3, 9:00 am - 5:00 pm (Includes breakfast and lunch)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC2: Serious Illness Communications Skills Training</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Morning Preconference Seminars - Sunday, November 3, 9:00 am - 12:00 pm (Includes breakfast)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC3: Don’t Throw Solutions at the Problem to See What Sticks… A Six Sigma Approach to Focused Problem Solving</td>
</tr>
<tr>
<td>PC4: CannaBLISS or CannABYSS: What Every Hospice/Palliative Care Professional Needs to Know About Cannabis</td>
</tr>
<tr>
<td>PC5: Demystify Prognosis, Medication Relatedness and Coverage</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Afternoon Preconference Seminars - Sunday, November 3, 1:30 pm - 4:30 pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC6: Inviting the Wisdom of Death into Life</td>
</tr>
<tr>
<td>PC7: General Inpatient Care in Hospice – What’s New and What Continues…</td>
</tr>
<tr>
<td>PC8: Collaborative Interdisciplinary Care for Pediatric Patients: Interactive Case Discussions</td>
</tr>
</tbody>
</table>

Subtotal Section C $______________________

D. Total Registration Fees

Totals for sections A, B, C

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.

Total # of Registrants: __________________________
Grand Total of all Registrant Fees $ ______________________

Check # ___________ or  

[ ] Visa  [ ] MC  [ ] AMEX

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 __________

Registration Cancellation Policy
Cancellations postmarked between September 13 and October 18 receive a 50% refund less the processing fee. Refunds will not be provided for cancellations postmarked after October 8, 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.

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

Fax this form: (703) 837-1233

Mail this form:
NHPCO, 2019 IDC Registration
P.O. Box 824392, Philadelphia, PA 19182-4392

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