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 ____________________________________________________________________________________________________
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)

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, November 4 - Wednesday, November 6, 2019

<table>
<thead>
<tr>
<th></th>
<th>Member</th>
<th>Non-Member</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rates Valid after 10/8/2019</td>
<td>☐ $750</td>
<td>☐ $1,000</td>
<td>☐ $550</td>
</tr>
</tbody>
</table>

Subtotal Section A $________

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

<table>
<thead>
<tr>
<th></th>
<th>Rates</th>
<th>Faculty Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Valid after 10/8/2019</td>
<td></td>
</tr>
<tr>
<td>Monday, November 4 (Day 1)</td>
<td>☐ $450 / ☐ $650</td>
<td>☐ $270</td>
</tr>
<tr>
<td>Tuesday, November 5 (Day 2)</td>
<td>☐ $450 / ☐ $650</td>
<td>☐ $270</td>
</tr>
<tr>
<td>Wednesday, November 6 (Day 3)</td>
<td>☐ $380 / ☐ $580</td>
<td>☐ $229</td>
</tr>
</tbody>
</table>

Subtotal Section B $________

C. Conference Guest Pass

Includes conference meal functions and Exhibit Hall only

Guest Name:________________________________________________________ ☐ $350

Subtotal Section C $________
### D. Educational Programs 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.)

<table>
<thead>
<tr>
<th>Rate</th>
<th>Valid after 10/8/2019</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

#### Two-Day Educational Programs - Saturday, November 2 and Sunday, November 3, 8:30 am - 5:00 pm  
(Includes breakfast and lunch)

- Hospice Manager Development Program  
  Foundational Course (MDP)  
  [ ] $725 / [ ] $1,375

- Hospice Compliance Certificate Program  
  [ ] $725 / [ ] $1,375

- **PC1:** Community-Based Palliative Care: Beyond the Business Case - Operationalizing and Sustaining  
  [ ] $725 / [ ] $1,375

#### One-Day Preconference Seminar - Sunday, November 3, 9:00 am - 5:00 pm  
(Includes breakfast and lunch)

- **PC2:** Serious Illness Communications Skills Training  
  [ ] $475 / [ ] $875

#### Morning Preconference Seminars - Sunday, November 3, 9:00 am - 12:00 pm  
(Includes breakfast)

- **PC3:** Don’t Throw Solutions at the Problem to See What Sticks… A Six Sigma Approach to Focused Problem Solving  
  [ ] $260 / [ ] $445

- **PC4:** CannaBLISS or CannABYSS: What Every Hospice/Palliative Care Professional Needs to Know About Cannabis  
  [ ] $260 / [ ] $445

- **PC5:** Demystify Prognosis, Medication Relatedness and Coverage  
  [ ] $260 / [ ] $445

#### Afternoon Preconference Seminars - Sunday, November 3, 1:30 pm - 4:30 pm  
(CANCELED)

- **PC6:** Inviting the Wisdom of Death into Life  
  [ ] $260 / [ ] $445

- **PC7:** General Inpatient Care in Hospice – What’s New and What Continues…  
  [ ] $260 / [ ] $445

- **PC8:** Collaborative Interdisciplinary Care for Pediatric Patients: Interactive Case Discussions  
  [ ] $260 / [ ] $445

Subtotal Section D $________________

### E. Total Registration Fees

Totals for sections A, B, C, D

Total for this Attendee $________________
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.

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.

Cancellation requests must be made in writing; a $50 processing fee will apply.

Cash/Check Refunds will not be provided for cancellations postmarked after October 8, 2019. Credit toward a future conference (within one calendar year) will be accepted. 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 ❑ 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