Join NHPCO today!

Join NHPCO today and receive a $100 off the member rate for Leadership and Advocacy 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 March 2. 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 March 2
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: ___________________________

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): __________________________________________________________

Tax Status. If government-owned and not-for-profit, select ‘Government’ (Choose one)
- Non-profit
- For-profit
- Government

Do you have a specialized pediatric program:
- Yes
- No

Note: A pediatric palliative care program is a formal pediatric hospice and/or palliative care program that has dedicated staff with expertise in pediatric palliative care.

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)
- Community Health Accreditation Program (CHAP)
- Joint Commission
- Other: ___________________________________________________________

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

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>Service</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

**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)
- Amount $____
- Please charge my: □ Visa/MC □ AMEX

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

**Signature of Person Who Completed Form:**

**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

**PROVNEWLAC20**
LEADERSHIP & ADVOCACY CONFERENCE (LAC) REGISTRATION
Please type or print clearly. Copy a separate Conference Registration form for each registrant. (See page 3)

Registrant Name__________________________________________________Credentials (RN, LCSW, etc.)__________________
Registrant E-mail Address (required)__________________________________________
Title__________________________
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 E; add the subtotals and indicate the amount in Section F.

A. NHPCO Main Conference Registration Wednesday, March 25 - Friday, March 27, 2020

<table>
<thead>
<tr>
<th>Member</th>
<th>New Member</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Member Rate Valid thru March 2</td>
<td>$1,050</td>
<td>$950</td>
</tr>
</tbody>
</table>

Subtotal Section A $__________________

B. Conference Guest Pass (includes main conference meal functions and Exhibit Hall only)

Guest Name: ☐ $550

Subtotal Section B $__________________
## C. 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.)

### New Member Rates
*Valid thru March 2*

<table>
<thead>
<tr>
<th>Two-Day Programs - Monday, March 23 &amp; Tuesday, March 24</th>
<th>8:30 a.m. - 5:00 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Includes breakfast and lunch)</em></td>
<td></td>
</tr>
<tr>
<td>Hospice Manager Development Program's Foundational Course (MDP)</td>
<td>$800</td>
</tr>
<tr>
<td>Hospice Compliance Certificate Program</td>
<td>$800</td>
</tr>
<tr>
<td>Hospice Quality Certificate Program</td>
<td>$800</td>
</tr>
<tr>
<td>Advocacy Programming</td>
<td>$0 / $125</td>
</tr>
<tr>
<td><em>(Included in main conference registration. Pricing listed is for advocacy programming only.)</em></td>
<td></td>
</tr>
</tbody>
</table>

| PC1: Community-Based Palliative Care                    | $800                   |

<table>
<thead>
<tr>
<th>1 Day Preconference Seminar - Tuesday, March 24</th>
<th>8:30 a.m. - 5:00 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Includes breakfast and lunch)</em></td>
<td></td>
</tr>
<tr>
<td>PC2: Developing and Implementing a Measurement Plan for your Palliative Care Program <em>(NHPCO members only)</em></td>
<td>2 / $1100 3 / $1400 4 / $1700</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Morning Preconference Seminars - Tuesday, March 24</th>
<th>9:00 a.m. - 12:00 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Includes breakfast)</em></td>
<td></td>
</tr>
<tr>
<td>PC3: Grateful Families: Considerations, Launch and Generational Impact of Program</td>
<td>$275</td>
</tr>
<tr>
<td>PC4: Cultural Sensitivity: Need to Have vs Nice to Have</td>
<td>$275</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Afternoon Preconference Seminars - Tuesday, March 24</th>
<th>1:30 p.m. - 4:30 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC5: Navigating Challenging Scenarios: A Mock IDT of Ethical Conundrums</td>
<td>$275</td>
</tr>
<tr>
<td>PC6: Achieving Success in Value-Based Payment Models</td>
<td>$275</td>
</tr>
</tbody>
</table>

Subtotal Section C $________________

## D. Special/Additional Events

<table>
<thead>
<tr>
<th>National Hospice Foundation Annual Gala - Thursday, March 26</th>
<th>6:30 p.m. - 11:00 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$250</td>
</tr>
</tbody>
</table>

Subtotal Section D $________________

## E. Total Registration Fees

Totals for sections A, B, C, D

Total for this Registrant $________________
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, 2020, receive a full refund less the processing fee. Cancellations between February 1, 2020, and March 2, 2020, receive a 50% refund less the processing fee. Refunds will not be provided for cancellations postmarked after March 2, 2020. 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.

Payment Options
Online: nhpco.org/LAC2020
Fax: (703) 837-1233
Mail: NHPCO, 2020 LAC 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
NHPCO Members can take advantage of discounted subscriptions with JPSM and MSDS

Whether you are joining or renewing with NHPCO you can add these valuable resources to your membership.

Journal of Pain and Symptom Management (JPSM), is the official Journal of NHPCO! This peer reviewed, internationally respected journal offers a forum for the exchange of ideas and information. Published monthly, the JPSM serves an interdisciplinary audience – providing the results of important new research and clinical practice. By adding a subscription with your membership you pay only $160 compared to the $579 you would pay if subscribing without an NHPCO membership.

Benefits
- Full online access to your subscription and archive of back issues
- Table of Contents alerts
- Access to all multimedia content, e.g. podcasts, videos, slides
- Fully-optimized mobile browsing experience on your smartphone or tablet

For more details, visit www.jpsmjournal.com

MSDS, Safety Data Sheet How much are you spending on your current OSHA safety data sheet requirements? More than $55? If so, NHPCO can help you save! NHPCO’s partner, MSDSonline®, provides an online library of safety data sheets, or SDSs (formerly known as material safety data sheets, or MSDSs). MSDSonline® has millions of safety sheets that contain the information you need to keep your organization safe from dangerous chemicals such as methanol, acetone, hydrochloric acid and millions of other hazardous substances.

The benefits to this online program include:
- OSHA-compliant electronic MSDS management.
- 75% more efficient than paper-based systems.
- Around-the-clock access to the online MSDS database.
- Easy, right-to-know access for all staff & departments.
- Built-in regulatory reports.
- Extensive incident case management and record keeping tools

For more details, visit www.MSDSonline.com

nhpco.org