



# HOSPITAL AND MEDICAL STAFF LEADERSHIP CONFERENCE

## REGISTRATION FORM



THIS PROGRAM IS INTENDED FOR THE HOSPITAL'S CEO, CFO, CHIEF MEDICAL OFFICER, CHIEF(S) OF STAFF, VICE PRESIDENTS, CHAIR OF CREDENTIALING, QA AND OTHER MEDICAL AND HOSPITAL LEADERSHIP STAFF.

NAME \_\_\_\_\_ HOSPITAL/FACILITY \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

THE REGISTRATION FEE INCLUDES CONTINENTAL BREAKFAST, AM/PM BREAKS, LUNCH, AND CERTIFICATE OF COMPLETION.

HNI/HNHS PARTNER	<input type="checkbox"/> \$300.00	<u>HNI/HNHS PARTNER HOSPITALS</u>	
NON HNI/HNHS PARTNER	<input type="checkbox"/> \$400.00		
<u>OPTIONAL:</u>		ALLEGAN GENERAL HOSPITAL	LAKELAND REGIONAL MEDICAL CENTER
5.25 AMA PRA CATEGORY 1 CREDIT(S) TM	<input type="checkbox"/> \$ 25.00	BRONSON HOSPITAL	MARLETTE REGIONAL HOSPITAL
5.25 NSG. CONTACT HRS. BY HCPRO, INC.	<input type="checkbox"/> \$ 25.00	BRONSON LAKEVIEW HOSPITAL	MECOSTA COUNTY MEDICAL CENTER
TOTAL PAID	\$ _____	CHELSEA COMMUNITY HOSPITAL	MEMORIAL HEALTHCARE
		CHC OF BRANCH COUNTY	OAKLAWN HOSPITAL
		COMMUNITY HOSPITAL	PENNOCK HOSPITAL
		HGB MEMORIAL HOSPITAL	SOUTH HAVEN COMMUNITY HOSPITAL
			STURGIS HOSPITAL

**EARLY REGISTRATION: \$25.00 DISCOUNT FOR THOSE WHO REGISTER BY AUGUST 7.**

SEND COMPLETED REGISTRATION FORM WITH CHECK OR CREDIT CARD INFORMATION TO:

ATTN: LEADERSHIP CONFERENCE

HOSPITAL NETWORK HEALTHCARE SERVICES • 6212 AMERICAN AVENUE • PORTAGE, MI 49002

ENCLOSED IS CHECK# \_\_\_\_\_ IN THE AMOUNT OF \$ \_\_\_\_\_ PAYABLE TO HOSPITAL NETWORK HEALTHCARE SERVICES.

PLEASE CHARGE THIS CONFERENCE TO MY CREDIT CARD (REGISTRATION MAY BE FAXED IF PAYING BY CREDIT CARD - FAX #269-329-9981).

CARD TYPE: MC  VISA  DISCOVER

CARD NUMBER \_\_\_\_\_ EXP. DATE MO. /YR. \_\_\_\_\_ CVV/CVC CODE: \_\_\_\_\_  
(3 DIGIT # ON BACK OF CARD)

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(PRINT NAME AS IT APPEARS ON CARD)

ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
(CREDIT CARD BILLING ADDRESS)

**REFUND POLICY:** A REFUND OF YOUR REGISTRATION FEE, MINUS A \$50 ADMINISTRATIVE PROCESSING FEE, WILL BE GRANTED IF CANCELLATION IS RECEIVED BY FRIDAY, AUGUST 7. AFTER THIS TIME, NO REFUNDS WILL BE GRANTED.

**DIRECTIONS:**

FROM EAST I-94 - EXIT 72 LEFT ONTO S. 9<sup>TH</sup> STREET. RIGHT ONTO ELM VALLEY DRIVE (LOCATED IN "THE GROVES" RESEARCH & TECHNOLOGY PARK). THIS IS ACROSS THE STREET FROM THE MARRIOTT TOWNPLACE SUITES. TAKE 1<sup>ST</sup> LEFT TO BRONSON LIFESTYLE IMPROVEMENT & RESEARCH CENTER. DRIVE AROUND TO THE BACK OF THIS BUILDING TO PARK. COME THROUGH THE BACK DOOR AND WE WILL BE LOCATED ON THE 1<sup>ST</sup> FLOOR CONFERENCE ROOM NEAR THE SNACK SHOP AREA.

FROM WEST I-94 - EXIT 72 RIGHT ONTO S. 9<sup>TH</sup> STREET. THEN RIGHT ONTO ELM VALLEY DRIVE (LOCATED IN "THE GROVES" RESEARCH & TECHNOLOGY PARK). THIS IS ACROSS THE STREET FROM THE MARRIOTT TOWNPLACE SUITES. TAKE 1<sup>ST</sup> LEFT TO BRONSON LIFESTYLE IMPROVEMENT & RESEARCH CENTER. DRIVE AROUND TO THE BACK OF THIS BUILDING TO PARK. COME THROUGH THE BACK DOOR AND WE WILL BE LOCATED ON THE 1<sup>ST</sup> FLOOR CONFERENCE ROOM NEAR THE SNACK SHOP AREA.