



Outstanding in Our Field- Medicare Home Health in Iowa

July 23, 2009
12:00 p.m. – 1:30 p.m.
 Audio Conference

Registration Form

Please register in advance of seven days to guarantee that you receive e-mailed confirmation details.

Registrant Name (please print)	Credentials	Email (required)	Rate

Agency Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____

Refund Policy: This fee includes one dial-in connection. Additional fees will be charged if there are multiple dial-ins. A \$25 cancellation fee will be charged to the individual cancelling their registration. All cancellations must be in writing and received by IAHC three working days prior to the workshop in order to receive a refund less the \$25 cancellation fee. In the event of an emergency and you cancel after the cancellation deadline, a charge of 50% of your registration fee will be assessed to cover expenses incurred. There are no refunds for no-shows.

Registration Deadline: July 17, 2009

Note: The Sponsors reserve the right to cancel or reschedule if registrations do not meet predetermined minimum requirements.

Complete registration form and return with check made payable to:

Iowa Alliance in Home Care
 1520 High Street
 Des Moines, IA 50309-3110
 Tel: 515-282-3965 Fax: 515-282-8034

Pricing is per dial-in. Note: Registration discount offered for member agencies who register for the July 14-15 "Optimizing Quality, Compliance and Capacity in Medicare Home Health".

Member Rates	Non Member Rates
Registration Fee ____\$60	Registration Fee ____\$120
Discounted registration fee if registering for the July 14-15 workshop ____\$30	