



Optimizing Quality, Compliance and Capacity in Medicare Home Health

July 14-15, 2009

8:30 a.m. – 4:30 p.m.

The Meadows Events & Conference Center
19 Prairie Meadows Drive, Altoona (NE Des Moines)

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 |
|--------------------------------|-------------|------------------|------------------------------|
| | | | 1 st Registration |
| | | | |
| | | | |

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Refund Policy: 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.

Registration Deadline: July 8, 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

Workshop is two days. Pricing is per person, per workshop. Early bird registration offered. Multiple registration discount offered for agencies sending more than one person. In order to keep your workshop fees low, IAHC has implemented a policy of having attendees print the handouts to bring with them to the workshop.

| Member Rates | Non Member Rates |
|--|--|
| Early Registration by July 1 | Early Registration by July 1 |
| ___\$275 1 st Registrant \$ _____ | ___\$550 1 st Registrant \$ _____ |
| ___\$225 2 nd + Registrant \$ _____ | ___\$525 2 nd + Registrant \$ _____ |
| Registration after July 1 | Registration after July 1 |
| ___\$350 1 st Registrant \$ _____ | ___\$600 1 st Registrant \$ _____ |
| ___\$300 2 nd + Registrant \$ _____ | ___\$575 2 nd + Registrant \$ _____ |