2018 NCHCFA FINANCIAL SUMMIT REGISTRATION FORM - SEPTEMBER 25 - 27, 2018

Return completed form to the Association office on or before Friday, September 21, 2018, by fax (919) 787-8418 or mail to 5109 Bur Oak Circle, Raleigh, NC 27612, or e-mail donnas@nchcfa.org. You can register and pay on-line. Visit www.NCHCFA.org & click on 2018 NCHCFA Financial Summit Registration!

| Facility/Corporate Office | Name: | | | | | |
|--|--|---------------------|---|------------------|---------------------|------------------------------|
| Address: | City: | | State: | | Zip: | |
| Phone: | E-mail: | | | _ | | |
| Contact Person: | | | | | | |
| Tuesday Please list first a app Package One registra networkin | NE – (ONE DAY ONL) y, September 25 th nd last names as they should pear on badges. ation includes all education g/social functions for September 25, 2018 | | Developing & Launching a Medicare Advantage Plan (I-SNP) 3 Parts – Environmental Context, Medicare Advantage/Special Needs Plans 101, Forming & Operating a Health Plan | Tuesday Lunch | I-SNP Partner Panel | Tuesday Welcome Reception |
| | clude attendee position/title: | | A | В | С | D |
| Name: | Admin# | | | | | |
| Title: | | | | | | |
| E-mail: | | | | | | |
| Name: | Admin# | | | | | |
| Title: | | | | | | |
| E-mail: | | | | | | |
| Name: | Admin# | | | | | |
| Title: | | | | | | |
| E-mail: | | | | | | |
| Name: | Admin# | | | | | |
| Title: | | | | | | |
| E-mail: | | | | | | |
| | | ons @ \$185.00 Each | \$ | | | |
| | | (| otal GUEST Amount (From Reverse Side) | \$ | | |
| | | | Total Package ONE | \$ | | |

Package ONE GUEST - ONE DAY ONLY Tuesday, September 25th

May not be an employee of an attending facility or company Please list first and last names as they should appear on badges.

Guest registration includes entrance into the Lunch and Reception for September 25, 2018 ONLY

| y. on | Tuesday Lunch | Tuesday Welcome Reception |
|----------|-------------------|------------------------------|
| | | |
| | | |
| | | |
| | Persons @ \$50.00 | D Each \$ |

Total Number of Package One GUEST Registrations

Name:

Name:

Name:

| Persons @ \$50.00 Each | \$ |
|------------------------|----|
|------------------------|----|

- Member Rate for Package One includes all education sessions, meals, and networking/social functions for one day.
- Non-Member Rate for Package One includes all education sessions, meals, and networking/social functions for one day. Non-Members must pay in advance by credit card or by check.
- ➤ Guest Rate for Package One includes networking/social functions for one day. Guest registration may include spouse, family member, significant other, etc..., but does not apply to colleagues or any others in the long term care industry or a provider of services for the long term care industry.

| Please Invoice Me (Members Only) |
|--------------------------------------|
| Check Enclosed |