

# REGISTRATION FORM

**Please note: This conference is intended for provider organizations only.**

**Complete this form and email or fax with your credit card information to:**Wipfli LLP | Attention: Amy McBriar | Email: [amcbriar@wipfli.com](mailto:amcbriar@wipfli.com) | Fax: 920.739.6707**Check box for location:**  Minneapolis, Minnesota  Reno, Nevada**Check box for registration:**  \$200 – RHC only  \$400 – CAH only  \$500 – RHC and CAH (most popular)**Registration:****Paying by check:** Make check payable to Wipfli LLP and mail to:

Wipfli LLP | Amy McBriar | 2901 E. Enterprise Avenue | Appleton, Wisconsin 54913

**Paying by credit card:** Accepted by secure fax (509.489.4682) or phone (920.662.2823).**Method of Payment:** MC  Visa  DISCOVER  AMEX | Cardholder:  Individual  CompanyCard Number:                 Exp. Date:   /    
MONTH YEAR

CARDHOLDER NAME (PLEASE PRINT)

AUTHORIZATION SIGNATURE

Amount Enclosed: \$  I am a Board of Directors member attending the conference for free.**Select the concurrent sessions you plan to attend:****Critical Access Hospital Conference | Day Two**

10:30 a.m. – Noon CHOOSE ONE	<input type="checkbox"/> <b>FINANCIAL TRACK:</b> A Deep Dive: Your CAH Medicare Cost Report From A – M <input type="checkbox"/> <b>LEADERSHIP TRACK:</b> Strategic Financial Planning: Understanding the Value of Your Initiatives
1:00 – 2:30 p.m. CHOOSE ONE	<input type="checkbox"/> <b>FINANCIAL TRACK:</b> A Deep Dive: Your CAH Medicare Cost Report From A – M (continued) <input type="checkbox"/> <b>LEADERSHIP TRACK:</b> Improving Access to Services When None Exist
2:45 – 4:30 p.m. CHOOSE ONE	<input type="checkbox"/> <b>FINANCIAL TRACK:</b> A Deep Dive: Your CAH Medicare Cost Report From A – M (continued) <input type="checkbox"/> <b>LEADERSHIP TRACK:</b> Preparing Now for What's to Come: Concepts for Improving Quality and Patient/Provider Satisfaction

**Critical Access Hospital Conference | Day Three**

8:30 – 10:00 a.m. CHOOSE ONE	<input type="checkbox"/> <b>FINANCIAL TRACK:</b> Build Your Way to a Healthy Revenue Cycle <input type="checkbox"/> <b>LEADERSHIP TRACK:</b> Preparing for the Future - Concepts for Understanding the Financial Impact of Value-Based Care
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 Please check if you would like to have a complimentary review of your latest Medicare cost report. We will follow up with you to schedule a time. Please check if you plan to attend the **Networking Social Day Two - CAH Conference**

ATTENDEE NAME

TITLE

INSTITUTION

ADDRESS

CITY

STATE

ZIP

E-MAIL ADDRESS

PHONE NUMBER

 Please check this box if you have specific dietary requirements or if you have a disability requiring special assistance. (We will contact you.)For additional attendees, please copy this form or visit [wipfli.com/CAHRHC2017](http://wipfli.com/CAHRHC2017) to print additional copies.For questions, please contact Amy McBriar at 920.662.2823 or [amcbriar@wipfli.com](mailto:amcbriar@wipfli.com) or visit [wipfli.com/CAHRHC2017](http://wipfli.com/CAHRHC2017).