

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: Sylvia Weise | Email: sweise@wipfli.com | Fax: 509.489.4682

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 | Sylvia Weise | 201 W. North River Drive, Ste 400 | Spokane, WA 99201

Paying by credit card: Accepted by secure fax (509.489.4682) or phone (866.766.1340).

Method of Payment:

MC Visa DISCOVER AMEX | Cardholder: Individual Company

Card 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"/> FINANCIAL TRACK: A Deep Dive: Your CAH Medicare Cost Report From A – M <input type="checkbox"/> LEADERSHIP TRACK: Addressing the Realities of Value-Based Care
1:00 – 2:30 p.m. CHOOSE ONE	<input type="checkbox"/> FINANCIAL TRACK: A Deep Dive: Your CAH Medicare Cost Report From A – M (continued) <input type="checkbox"/> LEADERSHIP TRACK: Empowering Patient Care Teams for Excellence Workshop (part one)
2:45 – 4:30 p.m. CHOOSE ONE	<input type="checkbox"/> FINANCIAL TRACK: A Deep Dive: Your CAH Medicare Cost Report From A – M (continued) <input type="checkbox"/> LEADERSHIP TRACK: Empowering Patient Care Teams for Excellence Workshop (part two)

Critical Access Hospital Conference | Day Three

8:30 – 10:00 a.m. CHOOSE ONE	<input type="checkbox"/> FINANCIAL TRACK: Build Your Way to a Healthy Revenue Cycle <input type="checkbox"/> LEADERSHIP TRACK: 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 to print additional copies.

For questions, please contact Sylvia Weise at **866.766.1340** or sweise@wipfli.com or visit wipfli.com/CAHRHC2017.