
NHA 2009 ADVOCACY DAY

REGISTRATION FORM

MARCH 31, 2009

8:00 a.m. - 1:00 p.m.

The Cornhusker Marriott Hotel
Lincoln, Nebraska

To register for NHA Advocacy Day, complete the form below and return it with payment by **March 20, 2009**, to the Nebraska Hospital Association, ATTN: Vicky Pfeiffer, P.O. Box 82653, Lincoln, NE 68501-2653 or fax to (402) 742-8191. You may also register online at www.nhanet.org.

Yes, I (we) will attend the Advocacy Day Workshop & Luncheon

Organization: _____

Name, Title: _____

Name, Title: _____

Name, Title: _____

Name, Title: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Fax: _____

Email: _____

PAYMENT INFORMATION

Registration fee is \$30 per person.

Pay by check: (Payable to Nebraska Hospital Association)

Pay by credit card: Visa MasterCard

Credit card #: ____ / ____ / ____ / ____

Name on card: _____

Exp. date: __ / __

Signature: _____