

REGISTRATION FORM



Elevating the Standards of Hospital Governance

Western Regional Trustee Symposium
June 9-11, 2010
Denver, Colorado

Registration deadline: May 18, 2010.

Please fill out a separate registration form for each person attending the meeting. If additional forms are needed, you may make copies. If you have questions or need assistance, contact Heather Bullock at (402) 742-8148 or e-mail hbullock@nhanet.org.

Please print clearly

Name/Title _____

Organization _____

Address _____

City, State, ZIP _____

Phone _____ Fax _____

E-mail _____

Name and phone of person completing this form:

Registrant Survey:

If you are a trustee, how many years have you served? _____

Facility type: (please circle all that apply)

Frontier, Rural, Urban, For-profit, Non-profit, CAH, Government

WEDNESDAY, JUNE 9

Governing in an Era of Uncertainty Attending Not attending

Mini-Workshop - 2:00-3:15 p.m. & continues from 3:30-4:45 p.m.

Trustee Toolkit Experience

Concurrent Sessions - Select session you will be attending
(one for each time slot)

- | | | |
|-----------------------------------|---|---|
| 1. Problematic Doctors | <input type="checkbox"/> 2:00-3:15 p.m. | <input type="checkbox"/> 3:30-4:45 p.m. |
| 2. New Governance Mandate | <input type="checkbox"/> 2:00-3:15 p.m. | <input type="checkbox"/> 3:30-4:45 p.m. |
| 3. Physicians/Hospitals as Allies | <input type="checkbox"/> 2:00-3:15 p.m. | <input type="checkbox"/> 3:30-4:45 p.m. |
| 4. Assuring Quality Healthcare | <input type="checkbox"/> 2:00-3:15 p.m. | <input type="checkbox"/> 3:30-4:45 p.m. |

Welcome Luncheon Attending Not attending

Welcome Reception Attending Not attending

THURSDAY, JUNE 10

Concurrent Sessions - Select session you will be attending
(one for each time slot)

- | | | |
|--------------------------------|---|---|
| 5. Healthcare Payment Systems | <input type="checkbox"/> 10:30-11:45 a.m. | <input type="checkbox"/> 1:30-2:45 p.m. |
| 6. Board Succession Planning | <input type="checkbox"/> 10:30-11:45 a.m. | <input type="checkbox"/> 1:30-2:45 p.m. |
| 7. Competency-Based Governance | <input type="checkbox"/> 10:30-11:45 a.m. | <input type="checkbox"/> 1:30-2:45 p.m. |
| 8. Capital Markets Update | <input type="checkbox"/> 10:30-11:45 a.m. | <input type="checkbox"/> 1:30-2:45 p.m. |
| 9. Do You Measure Up? | <input type="checkbox"/> 10:30-11:45 a.m. | <input type="checkbox"/> 1:30-2:45 p.m. |

FRIDAY, JUNE 11

**Getting Outside of the Box: Unconventional Thinking
for Board Members** Attending Not attending

AHA Federal Update Attending Not attending

SYMPOSIUM REGISTRATION FEES:

(includes Wednesday, Thursday and Friday sessions)

- Member of Hospital Association: \$495/person**
 Four or More Members*: \$450/person
 Non-Member: \$750/person TOTAL: \$ _____

SPOUSE/GUEST FEE:

- Spouse/Guest: \$85 per person** TOTAL: \$ _____

(Includes Welcome Reception, and Thursday and Friday breakfasts. Luncheons not included.)

Spouse/Guest Name: _____

Welcome Reception (included in spouse registration fee)

- Attending Not attending

MISCELLANEOUS:

- Late/On-site Fee: \$55 per person** TOTAL: \$ _____
(registrations after May 18, 2010)

GRAND TOTAL DUE: \$ _____

*Multiple Registration Discount

If four or more individuals from your organization submit registrations at the same time, each may register at this reduced rate. This discount does not apply to a spouse and/or guest registering for the symposium.

METHOD OF PAYMENT:

- Check (Payable to Nebraska Hospital Association)

- Visa MasterCard

Name on Card _____

Card Number _____

Expiration Date _____

Signature _____

SPECIAL NEEDS:

Please list _____

THREE WAYS TO REGISTER:

- Mail** registration form and check payment to:
Nebraska Hospital Association, P.O. Box 82653, Lincoln, NE
68501-2653.
- Fax** form with credit card information to: (402) 742-8191.
- Online at www.trusteesymposium.org**

For Association Use Only

Date Received: _____

Amount Received: _____ Date Posted: _____

For Association Use Only

Check Number: _____

Comments: _____