

2002 TECHNICAL CONFERENCE
THE CHANGING FACE OF HEALTH CARE
DALLAS, TEXAS
JANUARY 31- FEBRUARY 1, 2002

NON-MEMBER REGISTRATION FORM

I. REGISTRATION INFORMATION

Print Name as you would like it to appear on name badge

(Please include credentials if applicable):

Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Email: _____

Contact (if different than above): _____

II. MEETING SELECTION (PLEASE CHECK)

Wed., Jan. 30 – Fri. Feb. 1, 2002: Tech Conference

_____ **\$800 – Early Bird: November 5 – 30, 2001**

_____ **\$900 – Regular: December 1 – 21, 2001**

_____ **\$1000 – Onsite: After December 21, 2001**

III. Select one of the following options for receiving onsite conference materials:

CD-ROM*

Conference Binder*

*A limited supply will be available onsite for purchase only.

JOIN AHQA TODAY FOR ONLY \$50!

Do you support health care quality improvement?

Membership in The American Health Quality

Association may be just what you've been looking for.

Take advantage of outstanding benefits, including:

- ✓ Conference discounts
- ✓ Subscription to *AHQA Matters* the bi-weekly, e-mail news bulletin that keeps members up to date on quality improvement activities
- ✓ Outstanding networking opportunities
- ✓ And more!

Check here to join AHQA for only \$50 (in addition to your Non-member conference registration fee)

Please attach the enclosed membership application to your conference registration form accompanied by payment.

IV. PAYMENT INFORMATION

Payment Method (Please circle):

Visa MasterCard AMEX Check

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Billing Address: _____

Billing City, State, Zip: _____

Signature: I have read and agree to the AHQA registration policies

Signature: _____

V. HOTEL ROOM CANCELLATION POLICY

ALL Sleeping room reservations will be guaranteed with a nonrefundable credit card deposit for ALL sleeping room nights. Your deposit will be lost if cancellations are made after 5:00pm, November 5, 2001.

VI. AHQA MEETING REGISTRATION POLICY

Payment

You are encouraged to return your meeting registration form as soon as possible. Meeting registration forms accompanied by full payment (check or credit card) must be received **BY FRIDAY, DECEMBER 21, 2001**. All meeting registrations received after this date will be processed onsite. **Please note that space will not be reserved unless meeting registration form is accompanied by full payment.**

Cancellations/Substitutions

Cancelled registrants will be refunded the meeting registration fee (minus a 20% processing fee) until **December 21, 2001**. **After December 21st there will be NO refunds.** Meeting registration fees for cancelled registrants cannot be applied or credited to future conferences. Meeting Registrants who are unable to attend may send substitutions at no charge. All cancellations and substitution requests must be in writing and sent to Alicia Massey at registration@ahqa.org or fax to 202-331-9276.

Special Needs

Meeting registrants with disabilities, dietary restrictions, or other special needs should contact Jacqueline Osborne at 202-331-5790, ext 201 or josborne@ahqa.org. Every effort will be made to accommodate your needs.

PLEASE FAX, EMAIL OR MAIL TO:

Attention: Alicia Massey

The American Health Quality Association

1140 Connecticut Ave, NW, Suite 1050

Washington, DC, 20036

Fax: 202-331-9276

Phone: 202-331-5790

Email: registration@ahqa.org

Web: www.ahqa.org



Application for Individual Membership in The American Health Quality Association

Individual Membership Criterion

Any individual who supports health care quality improvement may join AHQA.

Name: (include any credential) _____

Organization: (if applicable) _____

Title: (if applicable) _____

Street Address: _____

Preferred Telephone: _____

Alternative Telephone: _____

Preferred Email address: _____

Alternative Email Address: _____

Fax Number: _____

Please return this application form to the Director of Administration, AHQA, with the annual Individual Membership fee of \$125 payable to "AHQA".

**AHQA's Bylaws require that membership applications be referred to the
*AHQA Credentials Committee for consideration and approval.***

*Your membership fee will not be credited to AHQA unless your application is approved.
AHQA will respond to your application within 30 days.*

(Signature) Signatory affirms a commitment to health care quality improvement (Date)

| | | |
|------------------|----------------|--|
| Office use only: | Date Received: | |
| | Date Approved: | |



The American Health
Quality Association®

The American Health Quality Association Individual Membership Benefits

Individual membership with The American Health Quality Association is open to any individual who supports health care quality improvement

OUTSTANDING OPPORTUNITIES

✓ *AHQA Matters:*

The bi-weekly electronic intelligence briefing on the action and high-level discussions related to quality improvement and patient safety. Coverage includes: Congress, the White House, CMS, and other government agencies

EDUCATION

- ✓ Two national membership meetings that present renowned speakers and examine cutting edge issues in quality improvement
- ✓ Continuing Medical Education (CME) credits at AHQA educational meetings

REPRESENTATION

- ✓ Seasoned government affairs staff that actively represents the interests of institutional members engaged in health care quality improvement on Capitol Hill, at the White House and with multiple Federal agencies
- ✓ Membership participation on numerous national task forces, work groups, and coalitions
- ✓ High level of visibility for quality improvement activities by association staff attendance and exhibition at several major national health related conferences

NETWORKING

- ✓ Annual membership directory
- ✓ Participation in AHQA open board and committee activities
- ✓ Access to members-only web discussion forums and bulletin boards

DISCOUNTS

- ✓ Discounts on national conference registration
- ✓ 25% Discount on employment postings on the AHQA website

The American Health Quality Association (AHQA) is the national association representing community-based quality improvement organizations and medical professionals committed to the evaluation and improvement of health care quality.

AHQA offers its members educational programs, networking opportunities, and support for those professionals working in the health care quality improvement field.

In the public arena, AHQA works directly with lawmakers, health care providers, purchasers, and consumers to advocate the policies of the Association and to gain support and visibility for the accomplishments of its members.

Individual Membership in The American Health Quality Association is currently available for \$125 annually.

For additional information regarding AHQA

Individual Membership, please contact Fred Jones at 202-331-5790, ext. 307 or via email at membership@ahqa.org

1140 Connecticut Avenue, NW
Suite 1050
Washington, DC 20036
Tel 202.331.5790
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