

2003 TECHNICAL CONFERENCE
CHANGES, CHALLENGES, & COMMITMENT:
A NEW ERA IN HEALTH CARE QUALITY IMPROVEMENT
ORLANDO, FLORIDA ♦ FEBRUARY 4-8, 2003

I. REGISTRATION INFORMATION

*The information below will be used on all conference materials.
Please print clearly or attach your business card.
(Include credentials if applicable):*

Name: _____

Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Email: _____

Contact (if different than above): _____

Contact Email (if different than above): _____

II. MEETING SELECTION (PLEASE CHECK)

Tues. Feb. 4, 2003: 1:00pm – 5:00pm
AMDA Foundation LTC QI Project
_____ \$COMP – (Limited to 3 attendees per QIO)

Wed. Feb. 5, 2003: 9:00am – 12:00pm
Medical Affairs Section
_____ \$125 – MAS member (MAS Dues must be current)
_____ \$175 – MAS non-member
(Includes AHRQ/MAS – Chronic Care Models Seminar below)

Wed. Feb. 5, 2003: 1:45pm to 5:00pm
AHRQ/MAS Meeting – Chronic Care Models Seminar
_____ \$COMP-Non-MAS members – seating is limited

Wed. Feb. 5, 2003: 9:00am – 12:00pm & 1:30pm – 5:00pm
CEO Section
_____ \$175 Member/Non-member

Wed. Feb. 5, 2003: 7:00am – 5:00pm
Case Review Training
_____ \$125 (Limited: 2 attendees per QIO)

Thurs. Feb. 6 – Sat. Feb. 8, 2003: Tech Conference
_____ \$800 – Early Bird: November 8– December 6, 2002
_____ \$900 – Regular: December 7, 2002– January 6, 2003
_____ \$1000 – Onsite: After January 6, 2003

Sat. Feb. 8, 2003: 8:00am – 12:00pm
Network Meetings
_____ \$65 – Please check the network meeting you will attend

- Analytic Network
- Communications Network
- Finance & HR Network
- HCQIP Network
- IT Network
- PEPP/Case Review Network

III. PAYMENT INFORMATION

Total Due: \$ _____

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. AHQA MEETING REGISTRATION POLICY

Payment

You are encouraged to return your meeting registration form as soon as possible. **To receive “Early Bird” discounts, registration form, accompanied by payment, must be in AHQA’s offices by COB December 6, 2002.** Meeting registration forms accompanied by full payment (check or credit card) must be received **BY MONDAY, JANUARY 6, 2003.** 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 **January 6, 2003.** **After January 6, 2003 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.

Special Needs

- Vegetarian
- Wheelchair Accessible
- Other: _____

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 ext. 205

Email: registration@ahqa.org

Web: www.ahqa.org