

# AANAC 2009 Fall Education Forum Registration

Sheraton Baltimore City Center | October 22-23, 2009 | Pre-Conference October 19-21, 2009

Please print clearly and fill out all fields. Are you a first time attendee?  Yes  No

## MEMBERSHIP INFORMATION

- I am a current AANAC member. My member number is: \_\_\_\_\_
- I want to renew my membership for \$110. My member number is: \_\_\_\_\_
- I want to join AANAC for \$110

You must be an AANAC member at the time of the conference for the membership discount to apply. Membership belongs to the individual and is non-transferable.

## ATTENDEE INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Credentials: \_\_\_\_\_  
 Title: \_\_\_\_\_ Organization: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\*MUST INCLUDE EMAIL! registration confirmation will be sent to your email address  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Preferred Contact:  Work  Home  Special Accomodations: \_\_\_\_\_

## PRE-CONFERENCE REGISTRATION

10/19-10/21	Members	Non-Members
Medicare University	<input type="checkbox"/> \$450	<input type="checkbox"/> \$650
3 Day AANAC RAC-CT Workshop	<input type="checkbox"/> \$450	<input type="checkbox"/> \$650
3 Day AANAC C-NE Workshop	<input type="checkbox"/> \$450	<input type="checkbox"/> \$650
Late Registration: after 9/21/09	<input type="checkbox"/> \$500	<input type="checkbox"/> \$700
10/20-10/21		
QIS	<input type="checkbox"/> \$350	<input type="checkbox"/> \$550
Late Registration: after 9/21/09	<input type="checkbox"/> \$400	<input type="checkbox"/> \$600
10/21		
3.0 Implementation Strategies	<input type="checkbox"/> \$250	<input type="checkbox"/> \$450
Late Registration: after 9/21/09	<input type="checkbox"/> \$300	<input type="checkbox"/> \$500
<b>Pre-Conference Subtotal:</b>	_____	_____

## CONFERENCE REGISTRATION

10/22-10/23	Members	Non-Members
Early Bird: pay by 8/01/09	<input type="checkbox"/> \$370	<input type="checkbox"/> \$780
Registration: 8/02/09 - 10/07/09	<input type="checkbox"/> \$390	<input type="checkbox"/> \$780
Late Registration: 10/08/09 - 10/13/09	<input type="checkbox"/> \$440	<input type="checkbox"/> \$780
after 10/13/09 please register onsite		
<b>HARBOR DINNER CRUISE*</b>	<input type="checkbox"/> \$69	<input type="checkbox"/> \$69
Register by 10/01/09		
Printed Conference Handouts	<input type="checkbox"/> \$35	
<b>Must be ordered in advance, pickup at Conf. Registration area</b>		

### Conference Subtotal:

\* Separate Harbor Dinner Cruise payment or multiple Cruise tickets may be purchased by contacting AANAC office at 1.800.768.1880. Payment must be received with registration form to reserve your ticket.

## BREAKOUT SESSIONS FOR CONFERENCE - Please choose one from each column

- |   |   |   |  |
|---|---|---|--|
| 10/22   1:00 - 2:30                               | 10/22   3:00 - 4:30                               | 10/23   12:30 - 2:00                            | 10/23   2:30 - 4:00                                    |
| <input type="checkbox"/> (1) When Injuries Speak  | <input type="checkbox"/> (5) QIS - Need to Know   | <input type="checkbox"/> (9) P4P                | <input type="checkbox"/> (13) Reimbursement            |
| <input type="checkbox"/> (2) Transforming Nursing | <input type="checkbox"/> (6) Fiscal Documentation | <input type="checkbox"/> (10) RUGs IV Changes   | <input type="checkbox"/> (14) Rehospitalization Rates  |
| <input type="checkbox"/> (3) Diagnosis Coding     | <input type="checkbox"/> (7) Legal Documentation  | <input type="checkbox"/> (11) Five Star Success | <input type="checkbox"/> (15) Pain Management / Survey |
| <input type="checkbox"/> (4) Recovery Audit       | <input type="checkbox"/> (8) 3.0 Impl. Strategies | <input type="checkbox"/> (12) Pressure Ulcer    | <input type="checkbox"/> (16) RUGs IV Medicare         |

Membership Subtotal: \_\_\_\_\_  
 Pre-Conference Subtotal: \_\_\_\_\_  
 Conference Subtotal: \_\_\_\_\_  
 Subtotal: \_\_\_\_\_  
 Grand Total: \_\_\_\_\_

## PAYMENT INFORMATION

- Check Enclosed (must be postmarked by 10/5/09)
- Charge Credit Card
- Card Type:  Visa  MC  Amex
- Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- Name on Card (print): \_\_\_\_\_
- Signature: \_\_\_\_\_
- 3-digit security code on back: \_\_\_\_\_

Register by 8/01/09 for an opportunity to win an **iPod**



Winner of iPod will be drawn from all eligible Early Bird Registrations received by Saturday, August 1, 2009.