

2019 Annual CONVENTION & Exposition Registration

September 22-25, 2019 • DoubleTree by Hilton Hotel Billings

Name of Facility/Organization _____

Facility/Organization Contact Person _____

Address/City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Attendee Information (Job Codes and Registration Codes are listed below.)

Name	Nickname for Badge	Job Code	Registration Code	Amount
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
Amount enclosed for Registration Note: No refunds after September 14				\$ _____

MHCA Scholarship Foundation Donation (The Foundation is incorporated for educational and charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code. Donations are tax deductible.)

Scholarship Foundation Donation \$ _____

Donor Name: _____

TOTAL AMOUNT ENCLOSED \$ _____

Job Codes

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> A Administrator/CEO/ED/Pres. | <input type="checkbox"/> CO Corporate | <input type="checkbox"/> G Guest/Spouse | <input type="checkbox"/> LPN Licensed Practical Nurse |
| <input type="checkbox"/> AS Administrative Support | <input type="checkbox"/> D Dietary/Food Service | <input type="checkbox"/> MR Medical Records | <input type="checkbox"/> CNA Nurse Assistant |
| <input type="checkbox"/> AC Activities | <input type="checkbox"/> DN Director of Nursing | <input type="checkbox"/> SS Social Services | <input type="checkbox"/> NS Nursing Student* |
| <input type="checkbox"/> C Consultant | <input type="checkbox"/> E Environmental/Maintenance | <input type="checkbox"/> RN Registered Nurse | <input type="checkbox"/> O Other (please list) _____ |

Registration Codes and Fees

Registration Code	Early Bird-Postmarked by August 31	Late-Postmarked after August 31
Full Registration: Includes ALL convention activities. There are no additional costs.		
<input type="checkbox"/> A First FULL member registration.....	\$405	\$455
<input type="checkbox"/> B Each additional member registration	\$250	\$300
<input type="checkbox"/> C Each additional member nursing student* registration	\$125	\$125
<input type="checkbox"/> D First FULL non-member registration.....	\$750	\$800
<input type="checkbox"/> E Each additional non-member registration	\$450	\$500
<input type="checkbox"/> F Associate member/consultant registration.....	\$405	\$455
<input type="checkbox"/> G Corporate office staff	\$250	\$300
Additional Single Day Facility Staff Registration: Available after purchase of first full registration.		
<input type="checkbox"/> H Monday only-member (includes luncheon)	\$160	\$200
<input type="checkbox"/> I Monday only-non-member (includes luncheon).....	\$260	\$300
<input type="checkbox"/> J Tuesday only-member (includes luncheon).....	\$200	\$240
<input type="checkbox"/> K Tuesday only-non-member (includes luncheon).....	\$300	\$340
<input type="checkbox"/> L Wednesday only-member	\$135	\$175
<input type="checkbox"/> M Wednesday only-non-member.....	\$185	\$225

*Student ID or other proof of student status must accompany registration form.

Spouse/Guest Registration: Includes admission to all social and meal functions. Educational sessions not included.

N Spouse/Guest registration\$75.....\$100

Additional Event Tickets may be purchased on site.

Due to space limitations and to be assured of a place in the seminars of your choice, please complete the seminar registration form on the reverse side.

Please Note: If payment is being sent from a corporation or county office, please mail or fax the registration indicating the check is being processed.

Please make checks payable to Montana Health Care Association

and return a copy of both sides of this form to MHCA at:
36 S. Last Chance Gulch, Suite A, Helena, MT 59601

Phone: 406 443 2876 • **Fax:** 406 443 4614 • **E-mail:** rosehughes@rmsmanagement.com • **Website:** www.mthealthcare.org

Cancellation and Refund Policy: All requests for refunds must be addressed to MHCA in writing. Full refunds will be paid if written cancellation is received by **August 31, 2019**. Partial refunds (all fees less \$50 per person administration fee) will be paid if written cancellation is received between **September 1 and September 14, 2019**. **No refunds after September 14, 2019**. Replacements are always welcomed and no-shows will be billed.

For MHCA Use Only

Date Rec'd _____

Check # _____

Amount Paid _____

Date Billed _____

Invoice # _____

Amount Due _____

Facility and Attendee Information
Please Print

Job Codes

Registration Codes and Fees

Payment

2019 Annual SEMINAR Registration

Name of Facility/Organization _____

Contact Person _____

Because space is limited, we request that convention participants indicate which program(s) will be attended. Please indicate the number of people from your facility or organization who will attend each session. Sessions are open to all convention participants. Please be sure all attendees are listed on the registration form. Return form to MHCA office.

Monday

Monday, September 23

			No. Attending
8:30 – 9:45 am	NH AL	1 The Power of Fun at Work ⚡	_____
10:00 am - Noon	NH AL	2 You Can Make A Difference ⚡	_____
	NH	3 Care Area Assessment Summaries (CAAS) ⚡	_____
2:00 – 4:30 PM	NH AL	4 The Behavioral Health Dilemma ⚡	_____
	NH AL	5 What's the Worst Thing that Can Happen?	_____
4:30 – 7:30 PM	NH	6 Development of a Complete and "Usable" Plan of Care ⚡ Trade Show	_____

Tuesday

Tuesday, September 24

			No. Attending
8:00 - 11:30 am	NH AL	7 Dementia Education that Sticks ⚡	_____
	NH	8 Predictable Success and RoP Phase III ⚡	_____
	AL	9 Attracting, Recruiting and Hiring in Today's Workforce ⚡	_____
1:00 - 4:30 pm	NH AL	10 Skill-Based Dementia Communication Coaching ⚡	_____
	NH	11 Requirements of Participation Phase III ⚡	_____
	AL	12 Assisted Living -State Update ⚡	_____
	NH	13 State Update - Survey and Certification ⚡	_____

Wednesday

Wednesday, September 25

			No. Attending
8:00 - 10:00 am	NH AL	14 Medicaid Reimbursement Issues - NH and Community Services	_____
8:00 - 11:30 am	NH AL	15 Creating Genuine Social Connection ⚡	_____
	NH	16 Person-Centered Care Perspectives ⚡	_____
	AL	17 Extraordinary Customer Service ⚡	_____

⚡ Indicates Nursing Contact Hours

Not an MHCA member? Join now!

Name of Facility _____

Address of Facility _____ City/State/Zip _____

Mailing Address (if different) _____ City/State/Zip _____

Facility Telephone _____ Facility Fax _____

Facility E-mail _____ Facility Website _____

Administrator _____ Home Telephone _____

■ **Type of Facility** (Check all that apply): Proprietary Government Nonprofit (other) Freestanding Hospital Based

■ **Number of Licensed Long-Term Care Beds** (Insert number of beds): Nursing Facility _____ Assisted Living _____

■ **Membership Dues:** Nursing Facility (\$58 per licensed bed) \$ _____ Assisted Living (\$29 per licensed bed) \$ _____

Critical Access Hospital - \$750 (annual) \$ _____

Thank you!

Please make check payable and return a copy of this application to:

Montana Health Care Association

36 S. Last Chance Gulch, Suite A, Helena, MT 59601

Phone: 406 443 2876 • Fax: 406 443 4614



MHCA . . . providing leadership and empowerment within the long term care continuum through education, advocacy, information and support to our members.

Membership Application