



Optimizing Quality, Compliance and Capacity in Medicare Home Health

HCIN Video Recorded Event

Registration Form

Program access will be provided once your registration has been processed.

Registrant Name (please print)	Credentials	Email (required)	Rate
			1 st Registration

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Refund Policy: No refunds for this event.

Complete registration form and return with check made payable to:

Iowa Alliance in Home Care
1520 High Street
Des Moines, IA 50309-3110
Tel: 515-282-3965 Fax: 515-282-8034

Workshop recording includes access to two days of material organized into 9 separate segments making up the entire 5 session program. The recording is set up so that you can view it at your own pace. Pricing options are available “per person” or “per agency”. Access to the recording will be a 90-day subscription. No CEUs are offered for this recording. If your agency attended the July 14-15 event, all agency members receive access to the recording for the low fee of \$50. If you or a colleague in your agency did not attend the July 14-15 event, you must register as a “Non Event Registrant”.

Member Rates	Non Member Rates
Live Event Attendee ___ Individual or Agency \$50	Live Event Attendee does not apply.
Non Event Registrant ___ Individual \$275 ___ Agency \$350	Non Event Registrant ___ Individual \$600 ___ Agency \$850