

MASTER REGISTRATION FORM
Healthcare Managers Leadership Institute
September 23-24, October 27-28, & December 2-3, 2008

Registration deadline - Wednesday, September 10, 2008

Registration: 8:00 AM, Days 1-6

Program: 8:30 AM-4:00 PM

MHA Headquarters, Elkridge, MD

Fee Schedule

MHEI member \$1,525 per participant
non-member \$2,300 per participant

The registration fee includes tuition, seminar materials, continental breakfasts, lunches and refreshment breaks for all six (6) days.

Payment for program registration must accompany this form.

Check Enclosed - Make Payable to **Maryland Healthcare Education Institute**
 VISA MasterCard American Express # _____ Exp. Date _____
Name on Card _____ Signature _____

Cancellation Policy: If a participant is unable to attend, an alternate should be sent. If a replacement cannot be found, a penalty of 50% of the registration fee will be assessed if notice of cancellation is received a week or less prior to the session.

There are hotels within 2-3 miles of MHEI/MHA; the closest is the Best Western-BWI. Please call the Best Western directly, 410/796-3300, to make your reservation, and refer to "MHEI". The cutoff date for reservations is one week prior to the seminar. For a complete list of near-by hotels, please contact Robbie Heacock (rheacock@mhaonline.org; 410.796.6239).

New Policy: To promote better health for all, MHA headquarters will be a smoke-free facility, effective November 15, 2007. Smoking will not be permitted in either building, nor on the grounds of MHA. Thank you in advance for your cooperation.

Weather Policy: In the event of adverse weather conditions, the decision to either close or delay the opening of MHA and the program will be made by 6:30 the morning of the program. To find out if the office is closed because of weather, please call the MHA main telephone number (410/379-6200) after 6:30 AM.

Special Note: MHEI wishes to ensure that no individual with a disability is excluded, denied services, segregated or otherwise treated differently from other individuals because of the absence of auxiliary aids and services. If you need any of the auxiliary aids or services identified in the Americans With Disabilities Act, please call MHEI at 410/379-6200.

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Master Registration Form

Return to:

Robbie Heacock
Maryland Healthcare Education Institute
6820 Deerpath Road
Elkridge, MD 21075

rheacock@mhaonline.org

FAX: 410/379-9541

OFFICE USE ONLY	
Program #: 0813/1260	
Ck. #:	Amt: \$
Conf sent:	

PLEASE PRINT OR TYPE

Hospital Name: _____

Contact Person: _____ **Title:** _____

Email address: _____ **Phone #:** _____

1. Name: _____ Degree(s): _____

Title: _____ Badge Name: _____

Email Address: _____ Direct Phone #: _____

2. Name: _____ Degree(s): _____

Title: _____ Badge Name: _____

Email Address: _____ Direct Phone #: _____

3. Name: _____ Degree(s): _____

Title: _____ Badge Name: _____

Email Address: _____ Direct Phone #: _____

4. Name: _____ Degree(s): _____

Title: _____ Badge Name: _____

Email Address: _____ Direct Phone #: _____

5. Name: _____ Degree(s): _____

Title: _____ Badge Name: _____

Email Address: _____ Direct Phone #: _____

6. Name: _____ Degree(s): _____

Title: _____ Badge Name: _____

Email Address: _____ Direct Phone #: _____