



2008 Hoosier Home Care, Hospice & HME Conference

**It's About the People* April 29th - May 1st



Duplicate for each additional registrant.
Please type or print clearly. Thank you.



Name _____
 Agency _____
 Address _____
 City, State Zip _____
 Phone _____
 Fax _____
 Email _____
 (Required for confirmation)

Method of Payment

Check (made payable to IAHHC)
 Visa MasterCard

Card Number:

_____ - _____ - _____ - _____

Exp Date ____ / ____ Security Code _____

Auth. Sig. _____

Name & Billing Address *if different from above:*

Name (on card) _____
 Address _____
 City, State Zip _____

Mail completed form to:
 IAHHC
 6320-G Rucker Road
 Indianapolis, IN 46220
 Fax to: (317) 575-8751

Office Use ONLY
 Amt Paid _____
 Date Rec'd _____
 Check # _____
 CC Auth # _____

Bring your best '60s and '70s attire. We are planning to have a real hip time at the conference and we want to wear the part!



Please indicate your registration choice from the following:

	IAHHC Member		Non-member	
	On or before	On or after	On or before	On or after
Flower Power:	April 13 th	April 14 th	April 13 th	April 14 th
3-Day Conference	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	<input type="checkbox"/> \$650	<input type="checkbox"/> \$700
Groovy: 2-Day Conference				
Tuesday & Wednesday	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600
Tuesday & Thursday	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600
Wednesday & Thursday	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600
Peace: 1-Day Conference				
Tuesday Only	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300
Wednesday Only	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300
Thursday Only	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300
Rock 'n Roll: Both PGBA Hospice AND PGBA Home Health Workshops ONLY				
All PGBA Sessions	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125*	<input type="checkbox"/> \$125*
Woodstock: 1/2-Day Lunch & Learn				
Tuesday AM	<input type="checkbox"/> \$80	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175
Tuesday PM	<input type="checkbox"/> \$80	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175
Wednesday AM	<input type="checkbox"/> \$80	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175
Wednesday PM	<input type="checkbox"/> \$80	<input type="checkbox"/> \$100	<input type="checkbox"/> \$80*	<input type="checkbox"/> \$100*
Thursday AM	<input type="checkbox"/> \$80	<input type="checkbox"/> \$100	<input type="checkbox"/> \$80*	<input type="checkbox"/> \$100*

*Special pricing for Non-members attending PGBA Workshops, Hospice (Wed) or Home Health (Thurs) or both.

Please circle the sessions you plan to attend (HME sessions are listed H1, H2, etc.):

	Tuesday				Wednesday				Thursday		
1A	1D	1H	H1	2A	2H	2O	H5	3A	3F	3K	
1B	1E	1I	H2	2B	2I	2P	H6	3B	3G		
1C	1F	1J	H3	2C	2J	2Q	H7	3C	3H		
	1G	1K	H4	2D	2K	2R	H8	3D	3I		
				2E	2L	2S	H9	3E	3J		
				2F	2M	2T	H10				
				2G	2N	2U					

An application has been submitted to the Indiana State Nurses Association for approval of 11 contact hours. Indiana State Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

