

Register by April 1. (12% late fee assessed after 4/1)

REGISTRATION FORM

Please enroll me in the Results Management Spring conference/exhibit. I have checked my choice of enrollment options below. Enclosed is full payment in the amount listed below. 5% DISCOUNT to January 21.

() \$796.00* for full four-day conference, April 11-14 (\$891.00 after 4/1)

() \$651.00* for three days (3); (\$729.00 after 4/1) Specify dates. _____

() \$459.00* for any two (2) days; you must specify dates, (\$516.00 after 4/1) _____

() \$252.00* for any one (1) day; you must specify date (\$286.00 after 4/1) _____

() \$152.00* for any 4-hour program (\$212.00 for 6 hours), (to include meal before or after program), (\$170.00, \$237.00, respectively, after 4/1)

Specify program by title and date _____

You must add 7% to the listed fee for each certification beyond the first which you request below E.g., an NHA licensed in PA will pay the fee above but if you request a second accreditation below, add 7% to the above fee. If the additional fee is not provided, only the accreditation you list first will be provided.

Please check the professional certification you wish to receive. Hours of credit being awarded for the four-day conference appear to the right of each accrediting body. Since our applications to all licensing boards identified the registration options above, participants joining us for one-three days will also receive full board-approved credit. For example, the following daily credit will be awarded to PA NHA's: 8 hours for attendance on each day, for a total of 32 hours. Since awards vary, you can determine credits for each program day by multiplying the hours below by 25.

List state of licensure (if applicable) _____ and license number _____.

STATE NURSING HOME ADMINISTRATORS BOARDS

() PENNSYLVANIA	32	() MARYLAND	32
() OHIO	32	() NEW JERSEY	32
() WEST VIRGINIA	32	() MICHIGAN	32
() NEW YORK	32	() ALABAMA	32
() CALIFORNIA	32	() MISSOURI (upon your appl.)	32

National Association of Boards of Examiners for Nursing Home Administrators (NAB) Has Awarded 32 Hours of Credit through its National Continuing Education Review Service (NCERS) for NHA's licensed in any of the following 35 states. Check the state(s) in which you are licensed that should be notified.

() PENNSYLVANIA	() MICHIGAN	() NEW JERSEY	() SOUTH CAROLINA	() D.C.
() OHIO	() LOUISIANA	() NEW MEXICO	() TENNESSEE	() FLORIDA
() WEST VIRGINIA	() MINNESOTA	() N. CAROLINA	() UTAH	() GEORGIA
() ARIZONA	() ILLINOIS	() MISSISSIPPI	() OREGON	() VIRGINIA
() ALABAMA	() INDIANA	() MISSOURI	() RHODE ISLAND	() WASHINGTON
() CALIFORNIA	() KENTUCKY	() NEVADA	() MASSACHUSETTS	() WISCONSIN
() NEW HAMPSHIRE	() MARYLAND	() DELAWARE	() CONNECTICUT	() NEW YORK

ADDITIONAL CERTIFICATIONS

() RN & LPN – WV-96-037+ ALL STATES' NSG. BRDS.W/RECIPR.CREDIT	38	() OHIO SOCIAL WORKERS	32
() CONT. EDUCATION UNITS (CEUs)	3.2	() AHIMA (HEALTH INFO. MGMT.)	32
() PERS CARE HOME (PCH) ADMIN-PA	32	() AM COLLEGE OF HEALTHCARE EXEC	32
() PA ACCOUNTANCY BOARD	32	() HEALTHCARE FINANCE MGMT. ASSN	32
() AM COUN. PHARM. EDUC. (ACPE)	32	() AM DIETETIC ASSN	32
() AMER/PA BAR ASSOCIATION	32	() DIETARY MGRS. ASSN	32
() CHECK HERE IF YOU DO NOT WANT A CERTIFICATE		(upon your appl. – 6 just above)	

If you check none of the above, no certificate will be provided to you.

If you want us to seek additional certifications, let us know immediately.

Submission of this registration form constitutes your official registration and obligates you to full payment.

Make check payable to Results Management and submit, with this registration form by April 1, to:

RESULTS MANAGEMENT P.O. BOX 5586 PITTSBURGH PA 15207

NAME: _____
(print as it should appear on the certificate)

TITLE _____
ORGANIZATION _____
WORK ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____
WORK PHONE () _____ WORK FAX () _____
CELL PHONE () _____ EMAIL _____