

N o r t h e a s t
Home Health
 L e a d e r s h i p S u m m i t

January 23, 24 & 25, 2007

Sheraton Boston Hotel, 39 Dalton Street, Boston MA 02119

To reserve by phone: (888) 627-7054 (refer to Northeast Home Health Leadership Summit for special rate)

- Room Rates: \$159 Single/Double (\$40 each additional person)
 \$189 Club Level (\$40 each additional person)
 \$199 and up suites (\$40 each additional person)

All room rates are quoted exclusive of applicable state and local taxes, currently 12.45%. This group rate is guaranteed through January 5, 2007. Rooms being held may sell out prior to this date. Make your reservations early to ensure group rate and availability.

Complete one registration form per attendee. **Please print.** Or register online at www.ThinkHomeCare.org.

Name: _____ Title: _____
 Agency: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____ Phone: _____ Fax: _____

State Association Member Affiliation

- Connecticut Association for Home Care
- Home Care Alliance of Maine
- Home Care Alliance of Massachusetts
- Home Care Association of New Hampshire
- Home Care Association of New York State
- Rhode Island Partnership for Home Care
- Vermont Assembly of Home Health Agencies

Registration/Cancellation Deadlines

Registration must be postmarked by January 8, 2007. Registration postmarked after that date will be charged a \$35 late fee per registrant.

Cancellations received by January 8, 2007 will be subject to a \$35 handling charge. Changes or substitutes within the same agency are acceptable by notifying the Foundation by January 19. Agencies will be invoiced for registrations not cancelled by January 8. No refunds after January 8. *There will be no exceptions to this policy.*

For special accessibility, accommodation, or specific dietary requests, contact Kim Bewsher at 617-482-8830 or email kbewsher@hcalliancema.org.

Registration Fees

Pre-Conference, January 23

<input type="checkbox"/> OCS Client		Free	_____
<input type="checkbox"/> Assn. Member, Non OCS Client	75.00		_____
<input type="checkbox"/> Non Assn Member, Non OCS Client	175.00		_____

Summit, January 24 & 25 (Early Bird Special Offer ends Dec 8)

	<u>Early Bird</u>	<u>After Dec 8</u>	
<input type="checkbox"/> Association Member	359.00	399.00	_____
<input type="checkbox"/> Non Association Member	449.00	499.00	_____
<input type="checkbox"/> Late Fee <i>per registrant</i> if postmarked after 1/8/07		35.00	_____

Total Registration Fees \$ _____

Method of Payment

Credit Card: ___ Amx ___ Mastercard ___ Visa
 Exp. Date ___ / ___ / ___
 Requires a 3 digit code _____ (see reverse side of card)
 Credit Card # _____
 Cardholder's Name _____
 Signature: _____

___ Check: (make check payable to Foundation for Home Health)

Mail completed form and check to:
Foundation for Home Health
 31 St. James Ave., Ste. 780
 Boston, MA 02116

Ph: (617) 482-8830 Fax: (617) 426-0509