

Keeping the Promise: Putting Patients at the Center of Safety

MHA Patient Safety and Quality Symposium

April 19 & 20, 2010 | The Hyatt Regency, Dearborn, MI

REGISTRATION FORM

PLEASE REGISTER ONE PERSON PER FORM

Hospital/Organization: _____

Address: _____

City, State, ZIP: _____

Name: _____
(as you wish it to appear on name badge)

Title: _____

E-mail address: _____ Phone: _____
(required to confirm)

If you are registering for one day only, please check the date you will attend: April 19 April 20

REGISTRATION FEES FOR MHA KEYSTONE COLLABORATIVE HOSPITAL ATTENDEES*

(Available only to MHA Keystone hospitals.)

Please check appropriate box below

	Registration received <i>on or before</i> March 19	Registration received <i>after</i> March 19
<input type="checkbox"/> Conference fee both days and optional session (April 20, 12:15 – 4 p.m.)	\$200	\$250
<input type="checkbox"/> Conference fee both days, no optional session	\$175	\$225
<input type="checkbox"/> Conference fee for April 19 only	\$150	\$200
<input type="checkbox"/> Conference fee for April 20 only <i>(includes optional session)</i>	\$150	\$200

REGISTRATION FEES FOR ATTENDEES THAT ARE NOT EMPLOYED BY AN MHA KEYSTONE HOSPITAL*

Please check appropriate box below

	Registration received <i>on or before</i> March 19	Registration received <i>after</i> March 19
<input type="checkbox"/> Conference fee both days and optional session (April 20, 12:15 – 4 p.m.)	\$295	\$345
<input type="checkbox"/> Conference fee both days, no optional session	\$270	\$320
<input type="checkbox"/> Conference fee for April 19 only	\$245	\$295
<input type="checkbox"/> Conference fee for April 20 only <i>(includes optional session)</i>	\$245	\$295

Total fees: \$_____ *(Group registration payment information can be provided once.)*

Check number enclosed _____ Charge: VISA MasterCard American Express

Account number: _____ Exp. date: _____

Cardholder name: _____ Cardholder signature: _____

Make Check Payable To: MHA Keystone Center for Patient Safety & Quality

Mail Payment and Registration Form to: Janice Jones, MHA Keystone Center for Patient Safety & Quality,
6215 West St. Joseph Highway, Lansing, MI 48917

Fax Payment Information and Registration Form to: Janice Jones, (517) 703-0601

The brochure and registration form can be downloaded at www.mha.org by choosing "events" and "event registration."

Questions? Contact Janice Jones at (517) 886-8433

**These fees reflect the entire cost of program development, faculty, facility expenses, educational materials, breakfasts, breaks and receptions. The symposium is not supported by MHA Keystone Center Collaborative assessment fees or MHA membership dues.*