

STEP 1 REGISTRANT CONTACT / NAME BADGE INFORMATION

Name and, if desired, Credentials (This information will appear on your name badge)

Title (This information will appear on your name badge)

Department (This information will appear on your name badge)

Facility / Organization (This information will appear on your name badge)

Work Mailing Address

City (City and State will appear on your name badge)

State

Zip

Province/County

Email Address (REQUIRED FOR REGISTRATION CONFIRMATION) / Please indicate if email address is home or work: Home Work

Work Telephone Number

____-____-____

Extension

Work Fax Number

____-____-____

Professional Discipline: I am a(n) RN Social Worker MD Other: _____

Registrant contact information will appear in a participant directory made available to all conference attendees. If you do NOT want this information published, mark this box:

STEP 2 ACM CERTIFICATION REVIEW (Additional fee required) • APRIL 8, 2010

• ACM™ Certification Review Workshop • 8:00 a.m. – 1:45 p.m. I will be attending **OR** I will not be attending

STEP 3 PRE-CONFERENCE WORKSHOP (Additional fee required) • APRIL 8, 2010

Includes all
three sessions
listed at right

- RAC Tracking the Impact at Small, Medium and Large Hospitals
 CMS & Legislative Update - Looking to the Horizon of Healthcare Changes
 CMS Demonstration - Operational Experience in the Care Transitions Demonstration Program to Reduce Readmissions

STEP 4 ACMA LEADERSHIP FORUM (ACMA Members Only) • APRIL 8, 2010

• ACMA Leadership Forum • 2:00 p.m. – 3:15 p.m. I will be attending **OR** I will not be attending

STEP 5 WELCOME RECEPTION / POSTER SESSION • APRIL 8, 2010

• Networking & Exhibition Reception / Poster Session • 3:00 p.m. – 7:00 p.m. I will be attending **OR** I will not be attending I am a Poster presenter

STEP 6 MAIN CONFERENCE • APRIL 9, 2010 & APRIL 10, 2010

April 9, 2010 (Select attendance plans to the right of each item)

- Continental Breakfast & Exhibition (Breakfast Provided) • 7:00 a.m. – 9:00 a.m. I will be attending **OR** I will not be attending
- ACMA New Member Orientation • 8:00 a.m. – 9:00 a.m. I will be attending **OR** I will not be attending
- Welcome / Franklin Award Announcement / Keynote Address • 9:15 a.m. – 10:45 a.m. I will be attending **OR** I will not be attending
- ACMA Annual Meeting • 11:00 a.m. – 12:00 p.m. I will be attending **OR** I will not be attending
- Lunch & Exhibition (Lunch Provided) • 12:00 p.m. – 2:00 p.m. I will be attending **OR** I will not be attending
- Compare AD Informational Presentation • 1:00 p.m. – 2:00 p.m. I will be attending **OR** I will not be attending
- Sessions 1A – 6A • 2:15 p.m. – 3:30 p.m. 1A 2A 3A 4A 5A 6A **OR** I will not be attending
- Sessions 1B – 6B • 3:45 p.m. – 5:00 p.m. 1B 2B 3B 4B 5B 6B **OR** I will not be attending
- Reception & Exhibition • 5:00 p.m. – 7:00 p.m. I will be attending **OR** I will not be attending

April 10, 2010 (Select attendance plans to the right of each item)

- Continental Breakfast (Breakfast Provided) • 7:00 a.m. – 7:45 a.m. I will be attending **OR** I will not be attending
- General Session C • 8:00 a.m. – 9:00 a.m. I will be attending **OR** I will not be attending
- Sessions 1D – 6D • 9:15 a.m. – 10:30 a.m. 1D 2D 3D 4D 5D 6D I will not be attending
- Sessions 1E – 6E • 10:45 a.m. – 12:00 p.m. 1E 2E 3E 4E 5E 6E I will not be attending
- Sponsor Sessions F (Lunch Provided) • 12:15 p.m. – 1:30 p.m. I will be attending **OR** I will not be attending
- Sessions 1G – 6G • 2:00 p.m. – 3:15 p.m. 1G 2G 3G 4G 5G 6G **OR** I will not be attending
- Sessions 1H – 6H • 3:30 p.m. – 4:45 p.m. 1H 2H 3H 4H 5H 6H **OR** I will not be attending
- Closing Party • 4:45 p.m. – 6:30 p.m. I will be attending **OR** I will not be attending
 I will be attending with a guest (ADDITIONAL FEE of \$50 per guest – Limit 3 guests per attendee)

STEP 7 POST-CONFERENCE (Additional fee required) • APRIL 11, 2010

- Post-Conference Workshops • 8:00 a.m. – 11:00 a.m. Post-Con 1 Post-Con 2 **OR** I will not be attending
- ACM™ Certification Examination • 1:00 p.m. – 4:00 p.m. I will be attending **OR** I will not be attending

STEP 8 PAYMENT INFORMATION

CONFERENCE RATES	EARLY BIRD PRICING (On or before February 5, 2010)	REGULAR PRICING (February 6, 2010 – March 25, 2010)	ON-SITE PRICING (On or after March 26, 2010)
ACM™ Certification Review Workshop <i>Includes Study Guide (3rd Edition, 2007)</i>	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325	<input type="checkbox"/> \$375
Pre-Conference Workshop	<input type="checkbox"/> \$299	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400
Main Conference	<input type="checkbox"/> ACMA Member / \$499 <input type="checkbox"/> Non-Member / \$635* <i>(*Includes one-year ACMA Membership. Application required with registration.)</i>	<input type="checkbox"/> ACMA Member / \$575 <input type="checkbox"/> Non-Member / \$710* <i>(*Includes one-year ACMA Membership. Application required with registration.)</i>	<input type="checkbox"/> ACMA Member / \$675 <input type="checkbox"/> Non-Member / \$810* <i>(*Includes one-year ACMA Membership. Application required with registration.)</i>
ACMA Post Conference Workshops	<input type="checkbox"/> Main Conference Attendee / \$99 <input type="checkbox"/> Post Conference ONLY / \$200	<input type="checkbox"/> Main Conference Attendee / \$175 <input type="checkbox"/> Post Conference ONLY / \$225	<input type="checkbox"/> Main Conference Attendee / \$200 <input type="checkbox"/> Post Conference ONLY / \$250
ACM™ Certification Examination	<input type="checkbox"/> \$325	<input type="checkbox"/> \$325	<input type="checkbox"/> \$325
Closing Party Guest Fee <i>\$50 per Guest (limit 3 guests per attendee)</i>	Number of Guests: _____ \$ _____	Number of Guests: _____ \$ _____	Number of Guests: _____ \$ _____
One Day Main Conference	\$350 / <input type="checkbox"/> April 9 OR <input type="checkbox"/> April 10	\$400 / <input type="checkbox"/> April 9 OR <input type="checkbox"/> April 10	\$450 / <input type="checkbox"/> April 9 OR <input type="checkbox"/> April 10
	Sub-Total \$ _____ Discount (if app) (\$ _____) TOTAL ENCLOSED \$ _____	Sub-Total \$ _____ Discount (if app) (\$ _____) TOTAL ENCLOSED \$ _____	Sub-Total \$ _____ Discount (if app) (\$ _____) TOTAL ENCLOSED \$ _____

DISCOUNTS: Check only one if applicable Group Discount Speaker Discount Complimentary Sponsor/Exhibitor

STEP 9 PAYMENT METHOD

PLEASE CHECK ONE OPTION

- Check payable to NICM
- Cash
- VISA
- MasterCard

CARD NUMBER

____ - ____ - ____ - ____

EXPIRATION DATE

____ - ____

V-CODE (LAST 3 DIGIT NUMBER ON BACK)

Name on card: _____

Signature: _____

I have read and accept the conference requirements, terms and conditions listed on the conference website (www.CaseManagementConference.com).

STEP 10 SUBMISSION INSTRUCTIONS

Submit completed registration form with payment information via:

- Fax: 501-975-8441
- Mail: NICM, 11701 West 36th Street, Little Rock, AR 72211
- Online: www.CaseManagementConference.com

ADA NEEDS (This conference site is both accessible and barrier-free)



Please check here if you have any special needs that may require assistance.

Please explain: _____



NATIONAL INSTITUTE
for
CASE MANAGEMENT, Inc.

11701 West 36th Street, Little Rock, AR 72211
Office: 501-227-5400 Fax: 501-975-8441