

Register now for HomeCareCon '18, HCAF's 29th Annual Conference & Trade Show! The paid Early Bird registration rate ends July 6 – register and pay your invoice in full to get the lowest rate for dozens of contact hours with national and state industry experts! Rates increase \$50 between July 7 and August 1, and \$100 thereafter.

## There are three ways to register:

- 1. Complete and return this form via mail to HCAF (2236 Capital Circle NE, Suite 206, Tallahassee, FL 32308) or fax to (850) 222-9251
- 2. Register online at HomeCareCon.com
- 3. Call (850) 222-8967 to register by phone

Please allow 2-3 business days for processing. To register additional attendees, please do so online at *HomeCareCon.com*. For registration assistance or if you have any questions, please call (850) 222-8967. See you in Orlando this summer!

ATTENDEE INFORMATION	PAYMENT INFORMATION		
FIRST AND LAST NAME	Total Due (see back) \$ Payment Type:		
ORGANIZATION NAME	<ul> <li>□ Invoice Me (email to</li> <li>□ Check (make payable to HCAF)</li> <li>□ American Express</li> </ul>		
JOB TITLE	<ul><li>□ Discover</li><li>□ MasterCard</li></ul>		
MAILING ADDRESS	□ Visa		
CITY STATE ZIP CODE	NAME ON CREDIT CARD		
EMAIL ADDRESS FOR CONFERENCE-RELATED CORRESPONDENCE  My email can be shared with exhibitors	CREDIT CARD NUMBER (OR CALL 850.222.896	67 TO PROVI	DE BY PHONE)
	EXPIRATION DATE SE	ECURITY/CV\	/ CODE
PHONE NUMBER FAX NUMBER	BILLING ADDRESS		
PROFESSIONAL LICENSE NUMBER (PLEASE INCLUDE DISCIPLINE)			
MEDICARE PROVIDER NUMBER AHCA REGION	CITY STATE	ZIP	CODE
CONFERENCE SELECTIONS		ICAF ember	Prospective Member
☐ 4-Day Conference (Sunday, July 29 through Wednesday, Aug	oust 1)		0 0 0 0 0 0 0 0
FOR SUNDAY PRECON, SELECT ONE (1) AM AND ONE (1) PM, OR ONI  ALL DAY: SOLVING THE MYSTERY OF THE ELUSIVE REFERRAL SOURCE  ALL DAY: THE ART OF ICD-10-CM CODING FOR BEGINNERS (Sparks)  ALL DAY: WAGE HOUR 1001: PAY PRACTICE COMPLIANCE (Spinola/Donev.)  AM: MASTER CASE MANAGEMENT & DOCUMENTATION (Griffin/Crum)  AM: CHANNEL THE QAPI WITHIN YOU, CONQUER THE COPS IMPROVED  PM: CONQUERING THE DREADED MEDICARE BEAST (Canaan/Foster)  PM: SURVEY PREPARATION FOR CLINICAL MANAGERS (Griffin/Crumble)  PM: VALUE-BASED PURCHASING & QUALITY OF PATIENT CARE STAR	E (1) ALL DAY SESSION:  CE BY (Stover/Lewallen)  VKurtyka/Murphy/Waugh/Young)  nbley)  E YOUR OUTCOMES (Litwin)	\$750	\$1,500
☐ 3-Day Conference (Monday, July 30 through Wednesday, Aug	gust 1)	\$620	\$1,240
☐ Sunday Only (Sunday, July 29; includes breakfast and lunch)		\$200	\$400
☐ <b>Monday Only</b> (Monday, July 30; includes breakfast, lunch, and	reception)	\$300	\$600
☐ Tuesday Only (Tuesday, July 31; includes breakfast, lunch, and ☐ I will attend the Happy Hour Reception	reception)	\$300	\$600

**PAYMENT & CANCELLATION POLICY:** Cancellations must be made in writing or by email to Julia Heath at *jheath@homecarefla.org*. Cancellations received before June 30 are subject to a 15% fee. Cancellations received after June 30 are subject to a 40% fee. No refunds will be issued after July 15. Outstanding invoices after July 15 are due in full and no adjustments will be made. Several people cannot share one registration, but if a registrant cannot attend, then a substitute can attend in his/her place for no additional fee.

☐ Wednesday Only (Wednesday, August 1; includes breakfast)

\$400

\$200