

AAHAM Virtual Fall Conference Events

Registration Form

Last Name: _____

First Name: _____

Title: _____

Organization: _____

Organization Mailing Address: _____

City/State/Zip: _____

AC/Phone: _____ Fax: _____

E-Mail: _____

Registration – Deadline September 3, 2020:

- **I plan to attend all four sessions.**

Register for individual sessions: (Deadline for registration one week prior to session):

- | | | |
|---------------------------------------|----------------------------------|--------------------------|
| ○ <i>Thursday, September 10, 2020</i> | <i>nThrive</i> | <i>11:00 am-12:00 pm</i> |
| ○ <i>Monday, September 14, 2020</i> | <i>Davis Brown</i> | <i>1:30 pm- 2:30 pm</i> |
| ○ <i>Tuesday, September 22, 2020</i> | <i>HomeTown Health</i> | <i>1:00 pm – 2:00 pm</i> |
| ○ <i>Thursday, September 24, 2020</i> | <i>Iowa Hospital Association</i> | <i>1:30 pm – 2:30 pm</i> |

Registration Fee: FREE!

To Access the Sessions:

We will email you the webinar information closer to the date of the events.

Return Registration Form To:

Audra Ford

Madison County Memorial Hospital

aford@madisonhealth.com

For Office Use Only

Date Received _____

Check # _____ n/a _____

Program Fee Amount \$ _____ n/a _____

Check Total \$ _____ n/a _____

Organization

Personal