AAHAM
American Association of Healthcare Administrative Management
Iowa Hawkeye Chapter

Hilton Garden Inn
8600 Northpark Drive
Johnston, IA 50131

Hawkeye AAHAM Fall Conference
September 17-18, 2026

Thursday, September 17, 2026

8:00 AM – 8:30 AM

Registration/Continental Breakfast & Networking

8:30 AM – 9:00 AM

Welcome Message
Hawkeye Chapter President

9:00 AM – 10:00 AM

OS Inc,
Time for What Matters
CEUs: 2 hours

10:00 AM – 10:30 AM

Morning Break

10:30 AM – 11:30 PM

OS Inc,
Changing the conversation on Denials
CEUs: 3 hours

11:30 PM – 1:00 PM

Lunch, Updates and membership meeting

- *The Future of the Hawkeye AAHAM Chapter*

1:00 PM – 2:00 PM

Iowa Hospital Associations - updates
Erin Cubit, Director of Government Relations
CEUs: 2 hours

2:00 PM – 2:15 PM

Afternoon Break

2:15 PM – 3:00 PM

Carrie K w/ National AAHAM
What New?
CEUs: 1 hours

3:00 PM –4:00 PM

Nicolet Bank "bank scams"

CEUs: 2 hours

4:30 PM ? **Networking Event with Door Prizes** *Hospitality room*

Friday, September 18, 2024

8:30 AM – 9:15 AM
Wellmark

9:15 AM – 10:00 AM
Wellpoint

10:00 AM – 10:45 AM
Molina Provider

10:45 AM – 11:30 AM
Iowa Total Care

Corporate Sponsors

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E-mail: bgrimes@creditiowa.com
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AAHAM Fall 2026 Conference

You may register online using the link below (will need to mail check or bring to conference:
http://hawkeyeaaham.org/upcoming-events/online-registration/

Registration Form

Last Name: _____
First Name: _____
Title: _____
Organization: _____
Organization Mailing Address: _____
City/State/Zip: _____
AC/Phone: _____ Fax: _____
E-Mail: _____

Registration Fee for Full Conference:

AAHAM Member	*$130.00*
Non-Member	*$140.00*
Students	*$10.00*

Hotel Link for Rooms:

AAHAM Fall Conference

Return Registration Form To:

LeeAnn Christensen
Manning Regional Healthcare Center
1550 W 6th St
Manning, IA 51455
leeann.christensen@mrhcia.com

If you are registering several individuals from your organization, please let Leeann know the names, title, and organization to insure a smooth registration process.

For Office Use Only
Date Received _____ Check # n/a

Program Fee Amount $ n/a Check Total $ n/a
☐ Organization ☐ Personal