

**THREE WAYS TO REGISTER!**

1. Register online at [www.mnhomecare.org](http://www.mnhomecare.org)
2. Fax your registration form to MHCA at (651) 635-0043
3. Mail your registration form and payment to:  
 MHCA – Annual Meeting, 1711 W. County Rd. B, Ste. 211S, St. Paul, MN 55113



# MHCA 45th Annual Meeting & Expo

May 6 - 8, 2015 / Arrowwood Resort, Alexandria, MN

# BUILDING A STRONGER FUTURE FOR HOME CARE

What's in Your Toolkit?

**REGISTRANT INFORMATION**

Name  *This is my 1<sup>st</sup> Annual Meeting*

Badge Name Preferred

Title

Company

Address

City / State / Zip

Phone

Email

**REGISTRATION FEE**

A full conference registration may not be shared among multiple people; each attendee must individually register and pay a registration fee. Call MHCA to inquire about individual day rates.

	Member (Full Conference)	Non-Member (Full Conference)
PreConference Workshop	<input type="checkbox"/> Register me for this FREE workshop Would you like to purchase a \$25 box lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Register me for this FREE workshop Would you like to purchase a \$25 box lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No
Early Bird Rates <i>(through 04/22/2015)</i>	<input type="checkbox"/> \$400 1 <sup>st</sup> Registrant Rate <input type="checkbox"/> \$375 Additional Registrant Rate	<input type="checkbox"/> \$525 1 <sup>st</sup> Registrant Rate <input type="checkbox"/> \$500 Additional Registrant Rate
Standard Rates <i>(04/23/2015 - 04/29/2015)</i>	<input type="checkbox"/> \$450 1 <sup>st</sup> Registrant Rate <input type="checkbox"/> \$425 Additional Registrant Rate	<input type="checkbox"/> \$575 1 <sup>st</sup> Registrant Rate <input type="checkbox"/> \$550 Additional Registrant Rate

Please add an additional \$50 fee for On-Site Registrations

**REGISTRATION FEE TOTAL** \$

**CANCELLATION & REFUND POLICY**

A written cancellation postmarked on or before April 22 is required for a refund less a \$50 cancellation fee (\$50 per cancellation). Cancellations made between April 23-28 are charged 50% of their registration fee to cover expenses incurred. Attendees who cancel after April 28th, do not substitute another individual, or do not attend are liable for full fees and will not be entitled to a refund.

**PLEASE COMPLETE YOUR REGISTRATION BY SELECTING YOUR SESSIONS  
 ON THE BACK OF THIS FORM**

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**CONFERENCE SESSIONS**

Please check the desired sessions for the attending time periods.

**Wednesday, May 6, 2015**

- 10:00 – 1:00 pm  PRECONFERENCE: Building and Sustaining Data-Driven Quality Improvement - HHQI
- 2:00 – 3:15 pm  OPENING KEYNOTE SPEAKER: Thriving in a Radically Changing Industry - Kit Welchlin
- 3:30 – 5:00 pm  GENERAL SESSION: What to Expect from the Joint Survey Process - MDH

**Thursday, May 7, 2015**

- 8:30 – 9:45 am  KEYNOTE SPEAKER: Lighten Your Care Load and Laugh on the Job - Kari Berit
- 10:00 – 11:15 am CONCURRENT SESSIONS:  101  102  103  104  105
- 12:45 – 2:00 pm CONCURRENT SESSIONS:  201  202  203  204  205
- 2:15 – 3:30 pm CONCURRENT SESSIONS:  301  302  303  304  305
- 3:45 – 5:00 pm CONCURRENT SESSIONS:  401  402  403  404  405

**Friday, May 8, 2015**

- 8:30 – 9:25 am  MHCA BUSINESS MEETING
- 9:30 – 10:30 am  GENERAL SESSION: Federal Update - VNAA
- 10:45 – 11:45 am  GENERAL SESSION: State Legislative Summary - MHCA
- 12:00 – 1:15 pm CONCURRENT SESSIONS:  501  502  503

**GUEST MEAL TICKETS**

All meals are included with person's registration except PreConference Box Lunch (which is only available to those participating in the Pre-Conference Workshop). This is ONLY if you would like to purchase additional meal tickets for a spouse/guest, etc.

**Wednesday, May 6, 2015**

5:00 – 7:30 pm  Dinner & EXPO.....QTY \_\_\_\_\_ x \$40 = \$

**Thursday, May 7, 2015**

7:30 – 8:30 am  Breakfast Buffet.....QTY \_\_\_\_\_ x \$18 = \$

11:15 – 12:45 pm  Lunch Buffet.....QTY \_\_\_\_\_ x \$25 = \$

7:30 – 9:00 pm  Recognition Program & Dinner.....QTY \_\_\_\_\_ x \$40 = \$

**Friday, May 8, 2015**

8:30 – 9:30 am  Business Meeting & Breakfast.....QTY \_\_\_\_\_ x \$18 = \$

**GUEST MEAL TICKETS TOTAL** \$

**PAYMENT INFORMATION**

- Bill Me (Members Only)
- Check Enclosed (Payable to MHCA)
- Credit Card: Please charge my...
- VISA  Master  AMEX  Discover

<b>TOTAL REGISTRATION FEE</b>	\$
<b>TOTAL GUEST MEAL TICKETS FEE</b>	\$
<b>DISCOUNT</b> (Promo Code _____)	- \$

**TOTAL INVOICE** \$

**CREDIT CARD INFORMATION**

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_



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