



NAHC TELECONFERENCE

Order Form

Registration is quick and easy! Register by fax, phone, or online, or by mail

- 1) Fax completed form to KRM Information Services at (800) 676-0734
- 2) Call KRM Information Services Customer Service at (800) 775-7654
- 3) Log onto www.krm.com/nahc
- 4) Mail to the address below

Name	NAHC ID Number
Agency	
Address (Street, City, State, Zip)	
Fax	Phone
Email (necessary for registration confirmation)	

All program handouts can be downloaded after registration is confirmed by KRM. Part I and Part II are each 90 minutes and will be presented "live". CDs will not be available.

Final Medicare Hospice Benefit Conditions of Participation: CMS On What's New?

Code	Date/Time		Member	Non Member
14199	June 24, 2008 2:30PM ET	Part I: Subpart C – Direct Patient Care	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$90.00
or				
14218	July 9, 2008 3:00PM ET	Part II: Subpart D – Administration of a Hospice	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$90.00
or register for both Part I and Part II at the same time and save				
14199	June 24 and July 9, 2008	Part I: Subpart C – Direct Patient Care	<input type="checkbox"/> \$165.00	<input type="checkbox"/> \$165.00
14218		Part II: Subpart D – Administration of a Hospice		

Refund Policy: Refunds will be given only for cancellations received prior to the program. Refunds available only if cancellation received at least 48 hours prior to seminar. All refunds will be issued within 4 weeks of the teleconference. If for any reason NAHC or KRM cancels the teleconference, all participants will be notified immediately and will receive a full refund.

Payment Information

All registration fees must be prepaid in US Dollars and received prior to the teleconference in order to participate live. Faxed registrations will not be processed without complete credit card information and credit cards will be billed immediately.

Make checks payable to **KRM**. If you mail the registration form and check, send them to the following address: KRM Information Services, PO Box 1187, Eau Claire, WI 54702-1187.

Our check is attached (Mail with completed registration form).

or

Please charge our credit card VISA MC AMEX DISCOVER

CDs will not be available for the teleconferences.

Card number	Exp. date
Cardholder's name as it appears on card	Cardholder's signature
Billing address (if different from above)	