

# 2017 Convention Registration

Missouri Hospital Association 95th Annual Convention & Trade Show • Nov. 1-3, 2017 • Tan-Tar-A Resort • Osage Beach, Mo.

Please read the registration form carefully and check the appropriate registration category. Please use a separate form for each registrant or guest. Photocopies will suffice. **Participants also may register online at *MHAnet.com* until noon Monday, Oct. 30.**

Fill in the boxes using only the spaces allowed. Punctuation marks require one space.

Full Name, ACHE Credentials

Preferred First Name for Badge

Title

Hospital/Company

Mailing Address

City  State  ZIP

Phone  /  -

Personal Membership Group

Email   
*(Please enter the email address of the registrant.)*

As a benefit to our generous sponsors and exhibitors, MHA provides them with the email addresses of convention registrants. If you prefer not to share your email address with our sponsors, please check here.

*By registering for the convention, the attendee authorizes MHA, its subsidiaries or personal membership groups to use any photographs or videos taken during the course of the convention, which may include use of the attendee's likeness, in promotional materials.*

## REGISTRATION CATEGORIES/FEEES

- \$150 MHA-member hospital employees, trustees and auxiliaries**
- \$175 MHA associate and individual members**
- \$225 Individuals from nonmember hospitals, personal membership group members not employed by MHA-member hospitals or organizations** (group name will appear on name badge in lieu of company name). Membership in group will be verified.
- \$50 Spouse (guest)/student and state agency employees**
- \$425 Individuals from non-exhibiting commercial firms**
- No Fee Attendees from exhibiting or sponsoring firms**

## LODGING INFORMATION

*Tan-Tar-A Resort, State Road KK, Box 188TT, Osage Beach, MO 65065*

**Please make hotel reservations and payments for rooms directly with Tan-Tar-A Resort** by calling 573/348-3131 or 800/826-8272. You also may make online reservations at *Tan-Tar-A.com*. Use the code "**MHAR**" to access group reservations. Rates are \$114 for a standard room, \$164 for a one-bedroom suite and \$207 for a two-bedroom suite.

Tan-Tar-A's main resort complex encompasses buildings A, B, C, D and E, and the guest rooms and suites situated near the marina on the point. Room availability in Buildings A and E is limited. The remaining buildings will be available on a first-come, first-served basis. Then, reservations will be scheduled in the estates. To facilitate planning, individuals requiring handicap accessible rooms or requesting special accommodations because of physical limitations should submit their request in writing to MHA **by Friday, Sept. 15.**

### Overnight Reservations and Cancellation Policy

All major credit cards, or a personal or company check, will be accepted to guarantee overnight reservations. To avoid charges to your credit card, cancellations must be made **by Monday, Oct. 16.** If you do not show for the indicated arrival date, your credit card will be charged for one night's stay and any remaining nights canceled.

## ONLY ONE REGISTRANT PER FORM!

Please photocopy this form to register additional persons. Register online at *MHAnet.com*.

## FOR OFFICE USE ONLY

Registrant Number

*See reverse side for meal functions/activities and payment information.*

# 2017 Meals & Payment Information

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- One check may be issued to cover multiple registrations. Registrations also may be charged to American Express, Discover, MasterCard or Visa. Badges and meal tickets must be claimed at the convention registration desk by the person whose name is on the registration form.
- **Refunds** for registration fees must be requested **by Thursday, Oct. 19**. If requested by the deadline, refunds will be issued, minus a \$25 service charge. Refunds for meal functions will be possible only if a minimum notice of 24 hours is given.
- Additional meal tickets purchased at the convention site must be paid for by cash, check, American Express, Discover, MasterCard or Visa. MHA will not bill for tickets or registration. If you have questions, please contact Janine Haynes at 573/893-3700, ext. 1340 or [jhaynes@mhanet.com](mailto:jhaynes@mhanet.com), or Karen Brondel at ext. 1366 or [kbrondel@mhanet.com](mailto:kbrondel@mhanet.com).
- **Tickets are required for all meal functions, including no charge (NC) events.**

**RETURN THE COMPLETED REGISTRATION FORM WITH APPROPRIATE CREDIT CARD INFORMATION OR A CHECK PAYABLE TO:**

Missouri Hospital Association  
P.O. Box 60  
Jefferson City, MO  
65102-0060

**FOR OFFICE USE ONLY**

Check Number(s)	Amount
B _____	_____
P _____	_____
A _____	_____

**Please check the box for the event(s) you will attend.** *Numbers in italics to the left of each checkbox are for office use only.*

## MHA CONVENTION MEAL FUNCTIONS

### WEDNESDAY, NOV. 1

- |   |                          |             |           |   |
|---|--------------------------|-------------|-----------|---|
| 1 | <input type="checkbox"/> | <b>NC</b>   | 7:15 a.m. | Rural Hospital Council Meeting/Breakfast — <i>RHC-member hospitals only</i>                     |
| 6 | <input type="checkbox"/> | <b>\$49</b> | 7 p.m.    | MHA Dinner Buffet/Entertainment — <i>Dueling Pianos — cash bar available — everyone welcome</i> |

### THURSDAY, NOV. 2

- |    |                          |             |            |   |
|----|--------------------------|-------------|------------|---|
| 7  | <input type="checkbox"/> | <b>\$26</b> | 7 a.m.     | ACHE Breakfast  |
| 11 | <input type="checkbox"/> | <b>\$34</b> | 12:15 p.m. | MHA Awards Luncheon — <i>everyone welcome</i>   |
| 13 | <input type="checkbox"/> | <b>\$47</b> | 6:30 p.m.  | MHA Installation and Recognition Banquet — <i>cash bar available — everyone welcome</i> |

### FRIDAY, NOV. 3

- |    |                          |             |           |  |
|----|--------------------------|-------------|-----------|--|
| 14 | <input type="checkbox"/> | <b>\$24</b> | 7:30 a.m. | MHA-Member Roundtable Breakfast — <i>MHA-member hospitals only</i> |
|----|--------------------------|-------------|-----------|--|

## MHA PERSONAL MEMBERSHIP GROUP MEAL FUNCTIONS

### WEDNESDAY, NOV. 1

- |   |                          |             |            |  |
|---|--------------------------|-------------|------------|--|
| 2 | <input type="checkbox"/> | <b>NC</b>   | 11:30 a.m. | HFMA (financial managers) Membership Luncheon — <i>HFMA members only</i>                   |
| 3 | <input type="checkbox"/> | <b>\$22</b> | 11:30 a.m. | MAHA (auxiliaries) Luncheon  |
| 4 | <input type="checkbox"/> | <b>NC</b>   | 11:30 a.m. | MAHVRP (volunteer resource professionals) Networking Luncheon — <i>MAHVRP members only</i> |
| 5 | <input type="checkbox"/> | <b>\$18</b> | 11:45 a.m. | MONL (nurse leaders) Membership Meeting/Luncheon — <i>MONL members only</i>                |

### THURSDAY, NOV. 2

- |    |                          |             |            |  |
|----|--------------------------|-------------|------------|--|
| 8  | <input type="checkbox"/> | <b>NC</b>   | 11:30 a.m. | MAHPMM (purchasing) Box Lunch — <i>MAHPMM members only</i>                                     |
| 9  | <input type="checkbox"/> | <b>\$15</b> | Noon       | MCA (chaplains)/MASWLHC (social workers) Roundtable/Luncheon — <i>MCA/MASWLHC members only</i> |
| 10 | <input type="checkbox"/> | <b>\$28</b> | Noon       | MSHCA (attorneys) Business Meeting/Luncheon — <i>MSHCA members only</i>                        |
| 12 | <input type="checkbox"/> | <b>NC</b>   | 12:15 p.m. | MSHHRA (human resources) Business Meeting/Box Lunch — <i>MSHHRA members only</i>               |

### FRIDAY, NOV. 3

- |    |                          |             |        |   |
|----|--------------------------|-------------|--------|---|
| 15 | <input type="checkbox"/> | <b>\$22</b> | 8 a.m. | MAHA (auxiliaries) Installation Breakfast |
|----|--------------------------|-------------|--------|---|

## TOTALS

\$ \_\_\_\_\_ Registration Fee (as indicated on reverse side)  
 \$ \_\_\_\_\_ Total Meal Fees (from above)  
 \$ \_\_\_\_\_ **TOTAL AMOUNT ENCLOSED/AUTHORIZED**

## PAYMENT INFORMATION

CHECK enclosed payable to Missouri Hospital Association  
 CREDIT CARD \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa  
 \$ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Amount Authorized Card Number Expiration Date

*Registrations paid by credit card may be faxed — both sides of form — to 573/893-2809 or 573/893-7665.*

**DO NOT EMAIL credit card information.**

### REQUIRED CREDIT CARD INFORMATION

Name on Card (please print)	_____
Cardholder's Address	street _____ city, state, zip _____
Signature	_____