



Print, complete, and submit this form by fax to 847.324.7717 to register for:

- Achieving Accreditation Conference venue: September 22-23, 2017 The Washington Court Hotel on Capitol Hill Washington, DC
Early bird rate: Register by August 23
Rate: \$189
If rooms remain available, rate is guaranteed until August 23.

For hotel reservations, call 202.628.2100 and mention group AAAHC0917.

Complete the information below for each registrant. If more than one registrant, copy and complete a form for each. If you have questions about registration, call 847.853.6060.

Registrant Name and Credential(s)

Email Address

Check your rate:

- Early bird rate - \$795
Regular rate - \$895

Please select your Saturday afternoon session(s):

1:00 - 2:00 pm

- How to prepare for your first AAAHC survey
How to prepare for a Re-Accreditation survey
How to prepare for a Medicare Deemed Status survey

2:15 - 4:15 pm

- NFPA 101 Life Safety Code, 2012 edition requirements
This session is applicable only to ASCs.

2:15 - 3:15 pm

- Chapter 17: Behavioral Health
Delivering team-based care in the Medical Home

3:30 - 4:30 pm

- Chapter 17: Behavioral Health
Delivering team-based care in the Medical Home

I grant to the Accreditation Association for Ambulatory Health Care, Inc., its subsidiaries, affiliates, related companies and any of its legal representatives, agents, or employees ("AAAHC"), the right and permission to use in any form or fashion my name, picture, image, likeness, voice, or any other indicia of my identity created, depicted, captured or recorded by or at the direction of AAAHC during the above event/at the above location ("Materials"). I agree that AAAHC may use the same for any lawful purpose, including, but not limited to, publicity, illustration, advertising, Web content and other commercial purposes. I agree that AAAHC has the right to use, copyright, reproduce, edit, or otherwise alter such Materials at its sole discretion and for as long as AAAHC deems necessary.

I am over 18 years of age and I have full legal capacity to grant this consent and release on my own behalf, and have read and understood the above consent and release prior to its execution. By registering to attend this conference, I consent and attest to the above.

Americans with Disabilities Act: If you need any of the auxiliary aids or services identified in the Americans with Disabilities Act in order to attend this program, please let us know.

Provide organization information

Is your organization currently accredited by AAAHC? Yes No

Organization Name

Organization Specialty

Work Setting (e.g. ASC, office-based surgery, student health etc.)

Address

City State Zip

Phone

Contact Name (if different from registrant) Contact Phone

Is your organization in the AAAHC Medicare Deemed Status Program, or (for new ASCs) will you be seeking Medicare deemed status? Yes No

Provide payment information

I have enclosed a check/money order in the amount of \$

Payable to: AAAHC, 5250 Old Orchard Road Suite 200, Skokie IL 60077

Please charge my credit card in the amount of \$

- Visa MasterCard American Express Discover

Card Number Expiration Date Security Code

Cardholder Name (please print)

Cardholder Signature

For cancellations received 30 or fewer days prior to the conference start date, there is a cancellation fee of \$125 per registrant. Registrants unable to attend may send an alternate without a fee. Registrants sending an alternate must notify AAAHC in writing prior to the first day of the program. The entire registration fee is non-refundable if AAAHC does not receive notice of cancellation prior to the date on which the conference starts.

I have read and accept the terms and conditions as described on this registration form.

Name

Signature Date