



**Virtual Annual Meeting Group\* Registration p1 of 2**  
 Oct. 29–30, 2021 • With pre-conference sessions Oct. 28

FOR DATA USE ONLY  
 Cust# \_\_\_\_\_ Mtg Ord # 1- \_\_\_\_\_  
 Date \_\_\_\_\_ | \_\_\_\_\_

Please print clearly and complete both pages of this form.

Institution or Company Name: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Institution or Company phone: (\_\_\_\_\_) \_\_\_\_\_ Optional phone: (\_\_\_\_\_) \_\_\_\_\_  
 Billing Main Contact (full name): \_\_\_\_\_ Billing Main Contact Role: \_\_\_\_\_  
 Billing Main Contact E-mail (required for registration confirmation): \_\_\_\_\_

<b>3</b> WAYS TO PAY	<b>CREDIT CARD</b> Fax 443.451.8362 / Phone 855.576.8482 // Mail 307 South Eaton Street, Baltimore, MD 21224	<b>CHECK</b> When your Group Registration is processed, each group member will receive a unique Group Code to use for online registration at AAHCM.org
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GROUP CONFERENCE REGISTRATION* (A)		
<b>Group Size</b>	<b>Price Per Attendee</b>	<b>Number Attending</b>
Group of 5–9 attendees	<input type="checkbox"/> \$400	x _____
Group of 10+	<input type="checkbox"/> \$375	x _____
<b>Subtotal A \$</b>		<b>_____</b>

DONATION (C)
Donations are directed toward enhancing care delivery and workforce preparedness through research and education.
<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other _____
<b>Subtotal C \$</b> _____

OPTIONAL PRE-CONFERENCE SESSIONS (B)																		
Individuals must register in advance for any pre-conference sessions they plan to attend. Prices shown are per person. Pre-conference sessions take place Thursday, Oct. 28.																		
<table style="width: 100%;"> <tr> <td style="width: 20%;"><b>Smith + Nephew Pre-conference Session</b></td> <td style="width: 20%;">10:00 am – 1:00 pm</td> <td style="width: 60%;">           Wound Care for My Home-based Patients – HELP!            (# of attendees) _____            x \$75 per attendee         </td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td><b>2021 Hospital at Home Users Group Annual Meeting</b></td> <td>11:00 am – 5:00 pm</td> <td>           What's Happening, What's Next            (# of attendees) _____            Fewer than five x \$125 per attendee            Five or more x \$100 per attendee         </td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Home Centered Care Institute (HCCI) Pre-conference Session</b></td> <td>1:00 pm – 4:30 pm</td> <td>           Level Up! Take Your House Call Operations to New Heights            (# of attendees) _____            Physician x \$135 per attendee            Associate x \$90 per attendee         </td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	<b>Smith + Nephew Pre-conference Session</b>	10:00 am – 1:00 pm	Wound Care for My Home-based Patients – HELP! (# of attendees) _____ x \$75 per attendee				<b>2021 Hospital at Home Users Group Annual Meeting</b>	11:00 am – 5:00 pm	What's Happening, What's Next (# of attendees) _____ Fewer than five x \$125 per attendee Five or more x \$100 per attendee				<b>Home Centered Care Institute (HCCI) Pre-conference Session</b>	1:00 pm – 4:30 pm	Level Up! Take Your House Call Operations to New Heights (# of attendees) _____ Physician x \$135 per attendee Associate x \$90 per attendee			
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<b>Subtotal B \$</b> _____																		

**TOTAL DUE**

A + B + C \$ \_\_\_\_\_

PAYMENT
<input type="checkbox"/> <b>Check</b> (enclosed) Make check payable to AAHCM, 307 South Eaton Street, Baltimore, MD 21224. Checks not in U.S. funds will be returned. / A charge of \$35 will apply to checks returned for insufficient funds.
<input type="checkbox"/> <b>MasterCard</b> <input type="checkbox"/> <b>Visa</b> <input type="checkbox"/> <b>Discover</b> <input type="checkbox"/> <b>American Express</b> I authorize AAHCM to charge the below-listed credit card amounts deemed by AAHCM to be accurate and appropriate.
Account number: _____
Exp. date: _____
Signature: _____ CVV: _____
Cardholder's name (please print) _____
<i>Re-billing of a credit card charge will incur a \$35 processing fee.</i>

**IF PAYMENT DOES NOT ACCOMPANY THIS FORM, YOUR REGISTRATION WILL NOT BE PROCESSED.**

**Cancellation Policy:** All cancellations must be made in writing. No refunds will be made on group registration cancellations. A \$95 processing fee will apply to all individual registration cancellations of the Annual Meeting or pre-conference session(s). No refunds will be made on individual cancellations postmarked after September 10, 2021. All refunds will be processed after the Annual Meeting. AAHCM reserve the right to substitute faculty or to cancel or reschedule sessions due to low enrollment or other unforeseen circumstances. AAHCM is not responsible for any expenses related to equipment or access for participating in this online event.

\*Groups must consist of employees from the same company, health system, organization, etc.



## Virtual Annual Meeting Group\* Registration p2 of 2

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Date \_\_\_\_\_ | \_\_\_\_\_

**Please complete the below information for each individual in your group\*. Each group member will receive a unique Group Code via email to complete their registration online.**

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Annual Meeting Registration  \$375  \$400

Pre-conference session(s) \_\_\_\_\_

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Annual Meeting Registration  \$375  \$400

Pre-conference session(s) \_\_\_\_\_

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

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