RAC/ADR Boot Camp

Omni Hotel at CNN Center
Atlanta, GA
March 21-23, 2010

presented by

weatherbee resources, inc.

Pre-Boot $75 per person/per session
March 21, 2010 *(Optional)*

Select one Pre-Boot per session

Session 1: 8:30 am - noon *CEUs: 3.2*

☐ Using Your Corporate Compliance Program to Minimize Risk *presented by Jay Mahoney BA MPA*

-- OR --

☐ Physician Billing and Hospice Scrutiny *presented by Chris Acevedo CPC CHC*

Session 2: 1:00 - 4:30 pm *CEUs: 3.2*

☐ Hospice Physicians and Medicare Scrutiny *presented by Dan Maison MD FAAHPM*

-- OR --

☐ The Role of Leadership in Managing Hospice Scrutiny *presented by Susan Drongowski RN BS MA*

Boot Camp $525 per person
Monday - Tuesday, March 22-23, 2010
8:30 am - 4:30 pm

RAC/ADR Boot Camp *CEUs: 12.5*

Faculty: Heather Wilson PhD; Joy Barry RN M.Ed CLNC and Dan Maison MD FAAHPM

CEUs are provided by the Hospice Education Network

hospice education network, inc.
Brought to you by Weatherbee Resources

Hotel reservations available by contacting the Omni Hotel at CNN Center at 1-800-843-6664 - code "Boot Camp"

Email confirmation of registration will be sent upon receipt of registration form and fee. Refunds, less a $50 administrative fee, will be made upon written notice of cancellation received by 3/4/10. No refunds will be given for cancellations received after 3/4/10 or for "no shows." Substitutions are welcome. Please contact Weatherbee Resources if you have changes to your registration at 866.969.7124.

ATTENDEE INFORMATION

Please photocopy to register more than 1 person.

Last Name _____

First Name _____

Title _____

Organization _____

Street _____

City _____

State _____ Zip _____

Phone _____

Fax _____

Email _____

Please check if applicable: ❑ Vegetarian Meals ❑ Vegan Meals

❑ Other Restrictions _____

REGISTRATION & PAYMENT

Pre-Boot $75 p/p x _____ session(s) = $_____

Boot Camp $525 p/p x _____ people = $_____

5% disc if 2 or more from same hospice register - $_____

TOTAL DUE TO WEATHERBEE RESOURCES = $_____

To register online go to :
https://www.regonline.com/rac_adr_boot_camp_atlanta

CHARGE my credit card:

❑ Visa ❑ MasterCard ❑ Amex

Exp Date: _____ Security Code: _____

Name on Card: _____

Authorized Signature: _____

Fax completed registration form to: 508.778-8899

❑ CHECK enclosed: payable to Weatherbee Resources, Inc.
Mail completed form(s) and check to:
Weatherbee Resources, Inc., 259 North Street, Hyannis, MA 02601

FOR MORE INFORMATION CALL WEATHERBEE AT 866-969-7124