



Association of Health Facility Survey Agencies

2017 Annual Conference

Loews Portofino Bay
Orlando, Florida
August 21-23, 2017

Conference Registration Fees	Payment Information										
<p>First Two State Agency Registrants</p> <p><input type="checkbox"/> \$600.00 per Registrant</p>	<p>Total Due</p> <p>\$ _____</p> <p>Please make payment by check. Make checks payable to AHFSA and enclose with this agreement form. Return payments to:</p> <p>AHFSA Attn: Tara Foy 1500 Sunday Drive, Suite 102 Raleigh, NC 27607 Phone: 919-314-6560</p>										
<p>Additional Registrants(s) per State Agency</p> <p><input type="checkbox"/> \$500.00 per Registrant No. of Attendees _____</p>											
<p>CMS Per Attendee Fee (After First 10 Complimentary Slots)</p> <p><input type="checkbox"/> \$500.00 per Person No. of Attendees _____</p>											
<p>Private Sector Registrant</p> <p><input type="checkbox"/> \$1000.00 No. of Attendees _____</p>											
<p>State Agency Name:</p> <p>_____</p>											
<p>Address:</p> <p>_____</p>											
<p>City, State, Zip:</p> <p>_____</p>											
<p>Contact Email:</p> <p>_____</p>	<p>Phone:</p> <p>_____</p>										
<p>Conference Registrants Names:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. _____</td> <td style="width: 50%;">6. _____</td> </tr> <tr> <td>2. _____</td> <td>7. _____</td> </tr> <tr> <td>3. _____</td> <td>8. _____</td> </tr> <tr> <td>4. _____</td> <td>9. _____</td> </tr> <tr> <td>5. _____</td> <td>10. _____</td> </tr> </table>		1. _____	6. _____	2. _____	7. _____	3. _____	8. _____	4. _____	9. _____	5. _____	10. _____
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