



To Register

Maine Hospital Association 2019 Summer Forum Conference June 19-21, 2019 Samoset Resort, Rockport, Maine

REGISTRATION
DEADLINE:
JUNE 7

Please fill out and return to the Maine Hospital Association

You may also register with credit card (VISA and MasterCard accepted) online at www.themha.org.

Name: _____ Nickname for Badge: _____

Title: _____ Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Guest Information: _____

Please Note: there is no registration fee for Guests; however, guests cannot be other organizational employees.

Registration Fee

Early Bird Registration (on or before May 24)

- \$275 MHA Member Hospitals and their Affiliates
- \$225 Trustee (volunteer members of hosp. board)
- \$400 MHA Corporate Affiliate Member
- \$575 Non-Member (payment required w/registration)

Regular Registration Rates (May 25 or after)

- \$300 MHA Member Hospitals and their Affiliates
- \$250 Trustee (volunteer members of hosp. board)
- \$425 MHA Corporate Affiliate Member
- \$600 Non-Member (payment required w/registration)

CMO Breakfast Discussion (Maine Physician Leaders only)

Join your colleagues for a discussion of the unique role and challenges facing physician leaders.

- I plan to attend the **CMO Breakfast Discussion** on **Thursday, June 20**.
Please also check off the CMO Breakfast Discussion option (\$22.00) listed below under Meals.

CANCELLED ACHE Breakfast Meeting (ACHE Members only)

I plan to attend the **ACHE Member Breakfast meeting** on **Thursday, June 20**.
Please also check off the ACHE Breakfast Meeting option (\$22.00) listed below under Meals.

Meals for Hotel Guests and Commuters

All meals must be ordered below.

- \$45 Wednesday Dinner *Please indicate meal choice:* _____ Surf & Turf (Steak/Salmon) (or) _____ Vegetarian

Thursday Breakfast Options:

- \$22 Group Breakfast
- \$22 CMO Breakfast Discussion (Maine Physician Leaders Only)
- \$22 ACHE Member Breakfast (ACHE Members Only)

Thursday Lunch Options:

- \$25 Allied Recognition Award and Group Luncheon
- \$22 Golfer's Boxed Lunch *Please indicate choice:* _____ Grilled Chicken Sandwich (or) _____ Grilled Vegetable Pita

- \$45 Thursday Dinner

- \$22 Friday Breakfast

\$_____ Total Meals (carry forward onto back page)

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Please list any special dietary needs: _____

Golf Tournament

18 Hole Golf Challenge - **\$85 per person** (Shotgun start at 1:00 p.m.)

MHA's golf tournament will feature a shotgun start and 18 holes of fun-filled golf! Registration fee includes 18 holes of golf (at a reduced rate thanks to our sponsor!), golf cart and prizes!

NOTE:

- You must be registered for the conference to participate in the tournament.
- Box lunches are available if ordered in advance. **Please order under Meals section.**
- Please specify a handicap. Maximum handicaps are **36** for men and **40** for women.

Please check one: ___ Please assign me to a team (my handicap is ____).

 ___ We have formed our own team (**LIST NAMES & HANDICAPS BELOW**).

1. _____ Handicap: ____ 3. _____ Handicap: ____
2. _____ Handicap: ____ 4. _____ Handicap: ____

If you are interested in golfing with specific people, we encourage you to make your foursome prior to arriving at the Samoset. If you are interested in golfing on Wednesday or Friday as well, please call the Pro-Shop at 207/594-1431 to reserve a tee time.

TOTALS for Registration, Meals & Golf

\$ _____ Total Registration Fee

\$ _____ Total Meals

\$ _____ Total Golf Tournament Fees

\$ _____ **TOTAL COST**

REGISTRATION & PAYMENT INFORMATION

Payment Method: Check Credit Card*

*If paying by credit card (VISA or Mastercard), **you must register online [HERE](#)**. You may also access online registration via MHA's **[WEBSITE](#)** by clicking on the Summer Forum Conference link on the home page under Education and Events.

If paying by check, you must register using this form. Please email or fax completed form to lcouturier@themha.org or 207/622-3073 before mailing. Checks can be made payable to Maine Hospital Association. Mail payment and registration form to: Leslie Couturier, Maine Hospital Association, 33 Fuller Road, Augusta, Maine 04330.

Cancellation Policy:

Cancellations made prior to the registration deadline (June 7th) will be issued a refund, less a \$50 administrative fee. Cancellations made after June 7th will be charged 50% of the registration fee paid. No refunds will be issued for those who do not [cancel prior to Wednesday, June 19](#). Participant substitution is permitted.

Questions:

Contact Leslie Couturier at lcouturier@themha.org or (207) 622-4794.

REGISTRATION DEADLINE: Friday, June 7, 2019