hfma new jersey chapter
healthcare financial management association

2008 Annual Institute Registration

Wednesday, October 15, 2008 - Pre-Conference Seminars:

❒ **CFO Bootcamp**	**$225.00**
❒ **No Limits Leadership**	**$100.00**
❒ **PPS Bootcamp**	**$75.00**
❒ **HFMA Certification Preparation Course**	**$100.00**

To reserve a room at The Borgata, Hotel, Casino, and Spa, call (866)MY-BORGATA. Please identify yourself as a NJ Healthcare Financial Management Associate or **reference code: GNJH278** in order to receive the discounted rate of $159 per night. Price does not include taxes. Any reservations made after September 21, 2008 are on a space availability basis at the current rack rates. Cancellations are subject to Hotel policy, and may result in one night's room rate. Confirm with hotel prior to cancellation.
A small number of rooms at the Waterclub have been provided to our group at a discounted rate of $209 + taxes. Ask about these when reserving your room.

EARLY-BIRD REGISTRATION (Before September 30, 2008)		NORMAL REGISTRATION (October 1, 2008 – October 14, 2008)		DAY OF REGISTRATION (October 15, 2008 – October 16, 2008)	
❒ Full Conference HFMA Members	$375.00	❒ Full Conference HFMA Members	$425.00	❒ Full Conference HFMA Members	$475.00
❒ Full Conference Non-Members	$475.00	❒ Full Conference Non-Members	$525.00	❒ Full Conference Non-Members	$575.00
❒ Thursday Only HFMA Members	$275.00	❒ Thursday Only HFMA Members	$325.00	❒ Thursday Only HFMA Members	$375.00
❒ Thursday Only Non-Members	$325.00	❒ Thursday Only Non- Members	$375.00	❒ Thursday Only Non-Members	$425.00
❒ Student Members Full Conference	$175.00	❒ Student Members Full Conference	$200.00	❒ Student Members Full Conference	$200.00

Registration Amount: $_____

Pre-Conference Seminar: $_____

Total Due: $_____

***Conference Fees are non-refundable on or after October 1, 2008**

Please select which Thursday Afternoon Education Tracks you are interested in attending:

(Check all that apply)
❒ Senior Financial Executive
❒ Revenue Cycle
❒ Reimbursement
❒ Legislative/Compliance
❒ Operational Finance

Check all that apply:

❒ Chapter Board Member
❒ CHFP
❒ FHFMA

HFMA Members Enter Membership Number:

_____
HFMA Membership Number

❒ **If paying by Credit Card:**
Please Circle Card Type: **AMEX VISA Master Card**

_____ _____
Credit Card # **Exp**

_____
Name On Card

_____
Signature

*Please note that credit card payments to HFMA-NJ will appear as a purchase from D. Lawrence Planners, LLC on your credit card statement.

❒ **If Paying by Check:**
Make checks payable to: **HFMA - NJ CHAPTER (ID# 26-0266857)**

Mail payment to: HFMA – NJ Annual Institute
c/o D. Lawrence Planners, LLC
1125 Atlantic Ave., Suite 634
Atlantic City, NJ 08401

Fax Registrations to: **(609) 348-4433**

Last Name **First Name** **MI** **Title**

Organization

Address **City** **State** **ZIP**

Email **Phone** **Fax**