## REGISTRATION FORM

Please enroll me in the Results Management Spring 2011 conference/exhibit. I have checked my choice of enrollment options below. Enclosed is full payment in the amount listed below. 5% DISCOUNT to January 21.					
() \$796.00* for full four-day conference, <i>April 11-14</i> (\$891.00 after 4/1)					
() \$651.00* for three days (3); (\$729.00 after 4/1) Specify dates() \$459.00* for any two (2) days; you must specify dates, (\$516.00 after 4/1)					
() \$252.00* for any one (1) day; you must specify date (\$286.00 after 4/1) () \$152.00* for any 4-hour program (\$212.00 for 6 hours), (to include meal before or after program), (\$170.00,					
\$237.00, respectively, after 4/1)					
Specify program by title and date You must add 7% to the listed fee for each certification beyond the first which you request below E.g., an NHA licensed in					
PA will pay the fee above but if you request a second accreditation below, add 7% to the above fee. If the additional fee					
is not provided, only the accreditation you list first will be provided.					
Please check the professional certification you wish to receive. Hours of credit being awarded for the four-day conference appear to the right of each accrediting body. Since our applications to all licensing boards identified the registration					
options above, participants joining us for one-three days will also receive full board-approved credit. For example, the					
following daily credit will be awarded to PA NHA's: 8 hours for attendance on each day, for a total of 32 hours. Since awards vary, you can determine credits for each program day by multiplying the hours below by 25.					
List state of licensure (if applicable) and license number					
STATE NURSING HOME ADMINISTRATORS BOARDS					
		() 1415	(1.1.15		
() PENNSYLVANIA () OHIO	32 32	() MARYLAND () NEW JERSEY		32 32	
() WEST VIRGINIA	32	( ) MICHIGAN		32	
() NEW YORK () CALIFORNIA	32 32	( ) ALABAMA ( ) MISSOURI (upon your appl.)		32 32 (Jac	
National Association of Boards of Examiners for Nursing Home Administrators (NAB) Has Awarded 32 Hours of Credit through its					
National Continuing Education Review Service (NCERS) for NHA's licensed in any of the following 35 states. Check the state(s) in which you are licensed that should be notified.					
() PENNSYLVANIA	() MICHIGAN () LOUISIANA	() NEW JERSEY () NEW MEXICO	() SOUTH CAR () TENNESSEE	. ,	
() OHIO () WEST VIRGINIA	() MINNESOTA	() N. CAROLINA	() UTAH	() FLORIDA () GEORGIA	
() ARIZONA	() ILLINOIS	() MISSISSIPPI	() OREGON	() VIRGINIA	ON
() ALABAMA () CALIFORNIA	( ) INDIANA ( ) KENTUCKY	() MISSOURI () NEVADA	() RHODE ISLA () MASSACHUS		
() NEW HAMPSHIRE	() MARYLAND	() DELAWARE	() CONNECTIC	UT () NEW YORK	
ADDITIONAL CERTIFICATIONS					
( ) RN & LPN – WV-96-0 NSG. BRDS.W/RECII		` '	OHIO SOCIAL WO		32 32
() CONT. EDUCATION	UNITS (CEUs)	3.2	AM COLLEGE OF	HEALTHCARE EXEC	32
() PERS CARE HOME () PA ACCOUNTANCY			HEALTHCARE FIN AM DIETETIC ASS	IANCE MGMT. ASSN	32 32
( ) AM COUN. PHARM.	EDUC. (ACPE)	32 ()	DIETARY MGRS. A	ASSN	32
() AMER/PA BAR ASSO		32 CERTIFICATE	(upon your app	I. – 6 just above)	
( ) CHECK HERE IF YOU DO NOT WANT A CERTIFICATE If you check none of the above, no certificate will be provided to you.					
If you want us to seek additional certifications, let us know immediately.  Submission of this registration form constitutes your official registration and obligates you to full payment.					
Make check payable to I	Results Management	and submit, with this	registration form by	April 1, to:	
RESULTS MA	ANAGEMEN	T P.O. BOX	K 5586 PIT	TSBURGH PA	15207
NAME: (print as it should appear on the certificate)					
TITLE					_
ORGANIZATION WORK ADDRESS					-
CITY			STATE	ZIP	-
HOME ADDRESS			STATE	ZIP	
WORK PHONE ( )		WORK FAX			<u>-</u>
CELL PHONE ( )		EMAIL			_