

REGISTRATION FORM

NHA 2016 ADVOCACY DAY

March 9, 2016

8 a.m. - 1 p.m.

(Registration begins at 7:30 a.m.)

The Cornhusker Marriott Hotel

Lincoln, Nebraska

To register for NHA 2016 Advocacy Day, complete the form below and return it with payment by **March 1, 2016**, to Nebraska Hospital Association, ATTN: Vicky Pfeiffer, P.O. Box 82653, Lincoln, NE 68501-2653 or fax to (402) 742-8191.

- Yes, I (we) will attend the Advocacy Day Workshop & Luncheon**
- If he or she is available, I would like to visit with my state senator at the State Capitol after the Legislative Luncheon**

Organization: _____

Name, Title: _____

Name, Title: _____

Name, Title: _____

Name, Title: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Fax: _____

E-mail: _____

PAYMENT INFORMATION: Registration fee is **\$60 per person**.

Pay by check: (Payable to Nebraska Hospital Association)

Pay by credit card: Visa MasterCard Discover

Credit card #: ____/____/____/____ Exp. date __/__

Name on card: _____

Signature: _____

NHA Nebraska
Hospital
Association

The influential voice of Nebraska's hospitals