

2019 NEW YORK BRONZE QUALITY AWARD WORKSHOPS

Tuesday, October 29, 2019 – ALBANY, NY (NYSHFA Office)

Wednesday, October 30, 2019 – SYRACUSE, NY (Noble Health Services)

This Workshop is open to NYSHFA / NYSCAL Members Only.

FACILITY / ORGANIZATION INFORMATION			
Facility / Organization:		Type: ___ AL ___ SNF	
Address:			
City:		State:	ZIP Code:
Phone:	FAX:	LOCATION: (MUST CHOOSE ONE): ___ ALBANY ___ SYRACUSE	
PARTICIPANT INFORMATION			
Primary Contact Name:			
Title:	E-Mail:	Phone:	
ADDITIONAL PARTICIPANTS			
Name:	Title:	E-mail:	
Name:	Title:	E-mail:	
Name:	Title:	E-mail:	
Name:	Title:	E-mail:	
REGISTRATION FEE: \$75.00 PER PERSON (INCLUDES ALL MATERIALS / MORNING BREAK & LUNCH)			
Payment Method <i>(Please check one)</i>			
<input type="checkbox"/> Check (Please make checks payable to: NYSHFA) <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA			
Credit Card #:		Exp. Date: ___/___	
Name on Card: _____			
Credit Card Billing Address: _____			
Cardholder Signature: _____		Total Registration Amount: \$ _____	
<p><i>I authorize NYSHFA to use the above AMEX, Discover, MasterCard or Visa to charge applicable registration fees. I also understand that registration fees of those who cancel the day of the program or fail to attend are forfeited. Substitutions are permitted and encouraged.</i></p>			

CONFIRMATIONS: Registrant Confirmations will be e-mailed to Primary Contact listed above.

*If paying by Credit Card: E-mail or FAX Application to Joanne O'Connor at: FAX 518-426-4051 or joconnor@nyshfa.org
If paying by Check: Mail Application & Check to: Joanne O'Connor, NYSHFA, 33 Elk Street - Suite 300, Albany, NY 12207*

Please Register Early * Application Deadline Wednesday, October 23, 2019**

Questions: Please Contact Lisa Volk at NYSHFA: 518-462-4800, Ext. 15 or E-Mail: lvolk@nyshfa.org