

Safety Healthcare Conference Registration Form

September 11, 2019 – 12 p.m. to 4 p.m.

Walk-ins are welcomed



This 1/2 day session will cover:

"Identifying and Dealing with Anxious & Agitated People".

Who should attend: Anyone in your facility who interacts with patients, families, visitors, etc.

Firm: _____

Address: _____

City/State/Zip: _____

Phone: () _____ Fax: () _____

1st Attendee: _____

2nd Attendee: _____

3rd Attendee (NO CHARGE): _____

Registration for this training is \$40.00 per person. **SPECIAL:** if two from your organization signs up (\$80.00), a third person can attend for **FREE!**

3 Ways to Register:

Mail to: Dari Olson, Community Hospital 1301 East H St. McCook, NE 69001 OR	Email to: dolson@chmccook.org or tboyd@chmccook.org OR Fax registration to: 308-344-8546 – Attention: Dari Olson
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Method of Payment:

___ Registration fee enclosed. Check # _____ for \$ _____

___ Credit Card – Name on card: _____

Credit Card # _____ Exp. Date: _____

Type of Card: Visa ___ \ American Express ___ \ Master Card ___ \ Discover ___ \ Other _____

___ Purchase order is attached. P.O. # _____

___ Bill my organization – Attention: _____

Email to send receipts: _____

Cancellation Policy: Advance registration is highly recommended. Cancellations received seven (7) calendar days prior to the course date will receive a full refund. There will be a 50% charge on cancellations less than a week (7 calendar days) out. Registrants who cancel the day of the program or are 'no' shows will be liable for the full fee.

A block of rooms has been set aside for Conference Attendees (Room Block under SONAR), at discounted room rates. RSVPs are needed. Call the Holiday Inn Express at 308-532-9500.

Safety Healthcare Conference Registration Form

September 12, 2019 – 8 a.m. to 4 p.m.

Walk-ins are welcomed



Who should attend: Any staff member that oversees the following areas or sits on committees that address the following areas is encouraged to attend: Fire Safety, Infection Control, Employee Health, Blood borne Pathogens, Hazardous Waste, Employee Safety, Emergency Management, Facility Inspections, Ergonomics, Facility Security, Patient Safety, and or Performance Improvement – **SPREAD the WORD and invite others.**

Firm: _____

Address: _____

City/State/Zip _____

Phone: () _____ Fax: () _____

1st Attendee: _____

2nd Attendee: _____

3rd Attendee (NO CHARGE): _____

Registration for this training is **\$70.00** per person. **SPECIAL:** if two from your organization signs up (\$80.00), a third person can attend for **FREE!**

3 Ways to Register:

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