

NAB Educational Offering ~6 CEU's for ONLY \$60.00
brought to you by



Register Today!
Space is limited to the first 60 registrants

~ Hot Topics in Health Care 2011 ~

WHEN: *Tuesday, March 29, 2011*
WHERE: *US Foodservice, Allentown Division*
1200 Hoover Avenue, Allentown, PA 18109

****SPECIAL OFFER TO ALL REGISTRANTS ****

By registering for this event, all participants will receive a gift certificate for **\$60.00 off** CPERI's Spring Conference, Ramada Inn, State College, PA, May 2nd through May 4, 2011. If used, this would reduce the cost of the March 29th conference to \$0.00
Don't Delay, Register Today!!!

Tuesday, March 29, 2011 ~Agenda

- 8:00 AM ~ *Registration*
- 8:30 AM ~ *"Communication with Front Line Staff," James Keeley, BA*
- 9:30 AM ~ *Break*
- 9:45 AM ~ *"Defense Documentation," Stuart O'Neal, Esquire & Kara White, R.N., J.D.*
- 11:45 PM ~ *Lunch (Catered by Healthcare Services Group, Inc. Dining Services)*
- 12:45 PM ~ *"MDS 3.0 Transition is Over but Are YOU Out of the Woods Yet?" Rodney Farley, BS, & Sharon G. Gordon, RN, BC, CND, LTC, RAC-CT*
- 1:45 PM ~ *Break*
- 2:00 PM ~ *"Environmental Issues that Surround You...How to Protect You and Others," Al Raymond, BA*
- 4:00PM ~ *End of Conference, Certificates Distributed*
- 4:15 PM ~ *Happy Hour, Time to RELAX and SOCIALIZE***
(Compliments of HealthCare Services Group, Inc.)
Once registered, you will receive additional information regarding this event.

NOTE: This educational offering has been submitted for approval to the National Continuing Education Review Service (NCERS) of the National Association of boards of Examiners for Nursing Home Administrators (NAB) for 6 clock hours and 6 participant hours.
CPERI is handling accreditation and registrations on behalf of Healthcare Services Group, Inc.

6 CEU's for ONLY \$60.00 ~Tuesday, March 29, 2011 ~Registration Form

NAME: _____ **TITLE:** _____
ORGANIZATION: _____ **ADDRESS:** _____
CITY, STATE, ZIP: _____ **PHONE:** _____ **FAX:** _____
E-Mail: _____



Yes, I plan on attending.
** Please indicate if you have any special dietary needs.
_____ **

No, I am unable to attend this event, however please contact me regarding future educational offerings.

**Please forward all registration forms with payment to Healthcare Services Group, C/O CPERI, 2805 Spruce Ave., Altoona, PA 16601
(Please make checks payable to CPERI)**