



Journey to Excellence Sharing Days 2020 - Registration

Main Contact info:	Organization			
Address:	_ Organization: City:	State:		
Office Phone #:	Organization: State:Zip: Cell Phone #:			
Date of Event:				
March 3, 2020 - March 4, 2020) (registration o	deadline: 2/20/20)		
· ·				
**Day 1 is a full day, and Day 2 is only a ha *Maximum attendance for each event is 4	<i>0 guests</i> attend	nyone from your org d Quest Conference ington DC? Yes	2019 in	
Number of Guests Attending: Group Discount: 5+ subtract \$25 per person / 10+ subtract \$50 per person	subtract discount (·		
Method of Payment:	Terms & Condit	ions:		
□Check Enclosed	Registration Payment Terms: Make checks payable to MHHCC. Credit cards are accepted: American Express, MasterCard, Visa, or Discover. Enclose check with your registration form and return it to MHHCC, Attn: Amy Schroering, 800 W. 9 th St., Jasper, IN 47546, or email your registration form with credit card info to amschroe@mhhcc.org . Payment must be sent in by registration deadline or your reservation will be released. If minimum attendance is not met, event may be canceled and you will receive advanced notification. This payment does not include travel and hotel. This fee only covers registration and meals listed above. Cancelation/Substitution: No refunds will be given for cancellations. If you need to cancel your participation, your request must be submitted by email to amschroe@mhhcc.org . A cancellation fee of			
□I authorize MHHCC to charge my credit card:				
Choose One: □Am Ex □MC □Visa □Discover				
Cardholder Name				
Card Number	\$250 may apply; assessment cancellation. You may sen		e of another	
Credit Card Expiration CVV#	Group Discounts: Group d registration submission. Yo openings available, but gro Recording: Unauthorized a	liscounts are only effectivous may add guests after oup discounts will not app	e at the initial registration if bly.	

MEMORIAL HOSPITAL AND HEALTH CARE CENTER









X Locations of Sharing Days Event:

Day 1 & 2 Check In: Memorial Hospital and Health Care Center Medical Arts Building Conference Room, Suite 124 721 West 13th Street Jasper, IN 47546

Day 1 Evening Reception: The Lodge 2590 South Newton St. Jasper, IN 47546

Registration Contact/Return Forms To:

Memorial Hospital and Health Care Center **Amy Schroering** 800 West 9th Street Jasper, IN 47546

Direct Phone #: 812-996-8562

Email Address: amschroe@mhhcc.org

Please note: Once registration and payment have been received, a confirmation email/letter will be sent to you with the date your organization has been accepted. This confirmation will include the event details and schedule.

🔭 Your Organization's Attendees:

Guest Names:	Guest Email Address:	Special Diet/ Food Allergies?	Emergency Contact/Cell:

* Local Hotel Options:

Fairfield Inn & Suites – 333 River Centre Landing, Jasper, IN 47546 – PH#: 812-250-5155 https://www.marriott.com/hotels/travel/evvfj-fairfield-inn-and-suites-jasper/ Hampton Inn - 355 Third Ave., Jasper, IN 47546 - PH#: 812-481-1888 https://hamptoninn3.hilton.com/en/hotels/indiana/hampton-inn-jasper-JASINHX/index.html Holiday Inn Express & Suites - 2000 Hospitality Drive, Jasper, IN 47546 - PH#: 812-482-3344 https://www.ihq.com/holidayinnexpress/hotels/us/en/jasper/jases/hoteldetail?cm_mmc=YextLocal -_-EX-_-US-_-JASES

