

SILVER QUALITY AWARD WORKSHOP

PLEASE SEND YOUR REGISTRATION TO JOANNE O'CONNOR

EMAIL IT: joconnor@nyshfa.org

FAX IT: 518.426.4051

QUESTIONS?: 518.462.4800 ext: 23

- ☐ **\$200.00** » Per Individual Session » ☐ **OCTOBER 1st** ☐ **OCTOBER 2nd**
- ☐ **\$375.00** » [2] Sessions
- ☐ **\$600.00** » [2] Sessions and a Personal Review of Your Application with Suggestions

FACILITY NAME: _____ ☐ SNF ☐ ALF

Email: _____ Phone: _____

Address: _____

City, State, Zip: _____

PRIMARY CONTACT NAME: _____

Title: _____

Email: _____ Phone: _____

APPLICATION DEADLINE » SEPTEMBER 24TH

ADDITIONAL PARTICIPANTS *(Must Be From Same Facility):*

1 Name: _____ Email: _____

Title: _____ Phone: _____

2 Name: _____ Email: _____

Title: _____ Phone: _____

3 Name: _____ Email: _____

Title: _____ Phone: _____

METHOD OF PAYMENT: ☐ CHECK *(Foundation for Quality Care • 33 Elk St • Suite 300 • Albany • NY • 12207)*

☐ AMEX

☐ DISCOVER

☐ MASTERCARD

☐ VISA

Credit Card Number:	Exp. Date:
Cardholder Name:	
Authorized Cardholder Signature:	

I authorize NYSHFA/NYSICAL/FQC to use the above Discover, MasterCard, VISA, or AMEX 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. Payment will show on your credit card statement as NYS Health Facilities Association.

**In the event there are not enough participants, NYSHFA | NYSICAL reserves the right to cancel.*

Email Your Registration to joconnor@nyshfa.org

NYSHFA-NYSICAL.ORG

STAY CONNECTED!    

FOUNDATION
for QUALITY CARE

NYSHFA | NYSICAL