



Alabama Hospice and Palliative Care Organization
Presents
**2024 Quarterly Regulatory
 Conference Calls**

AHPCO gives hospices the opportunity to learn the latest information and ask questions and get clarifications on the important issues vital to our business.

Join us to stay on top of the regulatory changes with the quarterly AHPCO 2024 conference calls. Featuring speakers from Medicare Intermediary Palmetto GBA and the National Hospice and Palliative Care Organization, AHPCO works to keep you up-to-date with the latest regulatory news and trends.

2024 Regulatory Conference Call Schedule ~~need new dates~~**

Thursday, February 8, 2024 Palmetto GBA 10:00 a.m. – 11:00 a.m. CST	Thursday, May 9, 2024 NHPCO 10:00 a.m. – 11:00 a.m. CST
Thursday, August 8, 2024 Palmetto GBA 10:00 a.m. – 11:00 a.m. CST	Thursday, November 7, 2024 Palmetto GBA 10:00 a.m. – 11:00 a.m. CST

AHPCO MEMEBERS: AHPCO MEMBERS SAVE 50%!

\$75/session (\$25 extra for each additional location) or
 \$200 for all 4 sessions (\$50 for each additional location for all 4 sessions)

Non-members:
 \$150/session (\$50 extra for each additional location) or
 \$400 for all 4 for one location (\$100 for each additional location for all sessions)

Zoom information will be emailed prior to each session with handouts



Please complete your registration form and return no later than 14 days prior to call.

See payment instructions below.
COMPLETE ALL INFORMATION. PLEASE PRINT.

PLEASE SELECT: [] 2024 AHPCO member [] 2024 AHPCO non-member

[] I want to purchase all 4 regulatory calls (\$200 member; \$400 non-member)

[] I want to purchase the selected calls below: (\$75/call member: \$150 non-member)

[]Feb []May []Aug []Nov.

[] I want to add an additional location: []one session []all sessions

(\$50/4 or \$25/call member: \$100/4 or \$50/call non-member)

Agency Name: _____

Mailing Address: _____ City, State, Zip: _____

Contact Person: _____ Phone: _____

Email Address: _____

Second Contact: _____ Phone: _____

Email Address: _____

Method of Payment: [] Check payable to AHPCO [] Visa [] MC [] Am Express

Check: Mail check and registration to AHPCO * PO BOX 26131 * BIRMINGHAM, AL * 35260

Credit card: Email registration to admin@alhospice.org

Credit Card #: _____ Exp Date: _____ CVV: _____

CC Mailing Address: _____

Name on Card: _____

Authorized Signature: _____