



1 ONLINE:
EstesPark.org

2 CALL:
800-727-8225

3 FAX THIS FORM TO:
724-548-1383

4 MAIL THIS FORM TO:
Estes Park Institute
P.O. Box 400
Englewood, CO 80151

Select Conference:

_____ **Chicago, IL**
JW Marriott Chicago
April 23-26, 2017

_____ **San Francisco, CA**
The Ritz-Carlton, San Francisco
October 29 - November 1, 2017

_____ **Naples, FL**
The Ritz-Carlton, Naples
January 21-24, 2018

_____ **Maui, HI***
Grand Wailea
February 11-16, 2018

_____ **Phoenix, AZ**
Arizona Biltmore
March 18-21, 2018

*At the Hawaii conference, Wednesday is an open day for hospital group activities. An additional day of sessions will take place on Thursday, and Wednesday sessions will take place on Friday.

| | | | |
|--------------------------------|-------------|--------------------------------------|----------------------|
| _____ Contact Name | | _____ Contact Title | |
| _____ Contact Email | | _____ Contact Phone | _____ Fax |
| _____ Health Care Organization | | | _____ Number of Beds |
| _____ Street Address | | | |
| _____ City | _____ State | _____ Zip | |
| _____ CEO Name | | _____ CEO Title | |
| _____ CEO Email | | _____ Name of System (if applicable) | |

METHOD OF PAYMENT

- Bill hospital/health system
- Check enclosed (payable to: Estes Park Institute)

TOTAL PAID REGISTRANTS:

_____ \$6,700 (each team of four) _____ \$1,895 (single)

TOTAL AMOUNT DUE: \$ _____

Upon registration, you will be sent accommodation information.

Tuition for a physician, health care executive, or board member includes attendance at one Estes Park Institute conference and complimentary admittance for his/her spouse or a community representative who is not directly affiliated with the health care organization, but who may be involved in community health initiatives.

Cancellation Policy

All cancellations must be confirmed in writing. Written cancellations received by the Estes Park Institute 30 or more days prior to the opening of the conference are eligible to receive a refund, less a processing fee of \$150 per person. Cancellations received within 15-29 days of the opening of the conference are not eligible for a refund, but money will be held on account up to 12 months for transfer to another Estes Park Institute conference. Cancellations within 14 days of the opening of the conference and "no show" registrants are not eligible for refund or transfer.

REGISTRANT NAMES

(Space may be reserved and names submitted at a later date. Additional names may be attached on a separate sheet.)

| | |
|---|---|
| _____ Registrant Name | _____ Registrant Name |
| _____ Registrant Title | _____ Registrant Title |
| _____ Registrant Email | _____ Registrant Email |
| _____ Spouse / Community Representative | _____ Spouse / Community Representative |
| _____ Registrant Name | _____ Registrant Name |
| _____ Registrant Title | _____ Registrant Title |
| _____ Registrant Email | _____ Registrant Email |
| _____ Spouse / Community Representative | _____ Spouse / Community Representative |