

NEW ENGLAND HEALTHCARE INTERNAL AUDITORS INC.
SPRING 2011 CONFERENCE REGISTRATION FORM
April 27, 28, and 29, 2011

The Sheraton Springfield Monarch Place, One Monarch Place, Springfield MA 01144

Hotel: The Sheraton Springfield requires that each participant make her or his room registration no later than Friday April 15, 2011 to receive our special rate of **\$89.00**. However, we are recommending that you register ASAP given the potential for other conferences at the same time and location. The Sheraton Springfield toll free registration number is 1-800-426-9004 or 1- 413-781-1010. Please mention the New England Healthcare Internal Auditors, and confirm the \$89.00 "contracted" rate. For directions and on line reservations at www.sheraton.com/springfieldma

Conference: Please complete and return the conference registration form below on or before April 15 2011, **for the discounted rate of \$320**. You may register on line at www.NEHIA.org or by e-mailing this registration form to: bill02864@verizon.net
Your registration fee includes the cost of the conference, breaks, lunch, and hospitality reception.

Send to: New England Healthcare Internal Auditors
C/o William R. Lowe, Treasurer
48 Nate Whipple Highway
Cumberland, Rhode Island 02864

Continuing Ed: This program has been developed to comply with the AICPA Statement on Standards for Formal Continuing Professional Education (CPE) Programs. However, state boards of accountancy have final authority on the acceptance of individual programs and participants should consult with their reporting jurisdiction. Total CPE hours for attending the full conference is about 16 hours.

Please make your check payable to: **New England Healthcare Internal Auditors**. Mail to: NEHIA c/o William R. Lowe, Treasurer, 48 Nate Whipple Highway, Cumberland, RI 02864. (Tax ID# 04-3232658)

Please _____ \$350.00 3 days, April 27,28, & 29, 2011, **(\$320 if registered by 4/15/11 and payment received by 4/20/11)**

Check _____ \$125.00 1/2 day only, Wednesday, April 27, 2011

One _____ \$200.00 One day only, Thursday, April 28, 2011

_____ \$150.00 One day only, Friday, April 29, 2011

Please register the following person(s): (Indicate name, as it should appear on badge.)

NAME _____ Title _____ Email _____

NAME _____ Title _____ Email _____

NAME _____ Title _____ Email _____

Hospital/Company _____

Address _____

City/State/ZIP _____ Telephone _____

Have you attended a NEHIA conference in the past 3 years? (To encourage networking, we would like to announce new attendees at the Thursday AM session.)

If you have any special dietary requirements, please speak with the wait staff and let them know.