

MEETING CANCELLATIONS & SUBSTITUTIONS

Cancellations received by Jan. 16, 2015, will receive a refund less an \$95 processing fee, per registration. No refund will be issued for cancellations after Jan. 16, and all refunds will be processed after the meeting. Registrants unable to attend may send a substitute.

HYATT HOTEL RESERVATIONS

Room reservations can be made online at <https://resweb.passkey.com/go/NJHAACHE> or by calling the Hyatt Reservation Center directly at 1-888-421-1442. Please reference NJHA/ACHE Annual Meeting to receive the discounted room rate of \$160 plus tax. This rate is valid until Dec. 30, 2014.

ADDITIONAL INFORMATION

For additional information about the Annual Meeting or registration, contact Debbie Furchak at 609-275-4072 or dfurchak@njha.com.



760 Alexander Road, Princeton, NJ 08540



Annual Meeting Registration

THE NEW JERSEY HOSPITAL ASSOCIATION'S

96th Annual Meeting,
Awards & Luncheon
10 a.m.

&

The American College of
Healthcare Executives
Annual Breakfast and Awards
8:30 a.m.

Friday, January 30, 2015

*Hyatt Regency Princeton
102 Carnegie Center Drive
Princeton, NJ*

96th
Annual
Meeting

NEW JERSEY HOSPITAL ASSOCIATION ■ 96th Annual Meeting, Awards & Luncheon

Friday January 30, 2015 ■ Hyatt Regency Princeton

SEMINAR # 1501 (ANNUAL MEETING)
 NJHA Members \$295 ■ Non-members \$1,000

You're invited to join the New Jersey Hospital Association for its 96th Annual Meeting, Awards and Luncheon.

It's a day of celebration as NJHA looks back at the Association's accomplishments and welcomes new Board Chairman Leslie D. Hirsch, FACHE, president and CEO of Saint Clare's Health System. NJHA also pays tribute to the outstanding achievements and accomplishments of several individuals and providers for their valuable contributions to New Jersey's healthcare community.

Enjoy some time networking with colleagues from around the state and then join NJHA for lunch with keynote speaker Paul Begala, CNN commentator, who will share his views on "Today's Issues and Tomorrow's Ramifications."



Leslie D. Hirsch



Paul Begala

AGENDA



*8:30 a.m.	ACHE-NJ ANNUAL BREAKFAST & AWARDS	<i>Witherspoon Ballroom, Lower Level</i>
	The American College of Healthcare Executives hosts its annual breakfast and awards presentation. Keynote speaker Diana L. Smalley, FACHE, immediate past chair of ACHE, will discuss ACHE activities. <i>*Please note new meeting start time and location.</i>	
10 a.m.	NJHA ANNUAL MEETING & AWARDS PRESENTATION	<i>Regency Ballroom</i>
	Join NJHA for the official installation of Board Chairman Leslie D. Hirsch, FACHE, president and CEO of Saint Clare's Health System, and annual presentation of the Healthcare Leader, Excellence in Quality Improvement, Community Outreach and HealthPAC awards.	
11:30 a.m.	MEMBER NETWORKING RECEPTION	<i>Regency Foyer</i>
Noon	LUNCHEON & KEYNOTE ADDRESS	<i>Regency Ballroom</i>
	<i>"Today's Issues and Tomorrow's Ramifications"</i> Paul Begala, CNN Commentator	
2 p.m.	ADJOURNMENT	

1. ONLINE registration is safe and secure with a credit card at www.njha.com/AMRegister. (Please note you can register multiple attendees.)

2. FAX your registration with credit card information to NJHA's secure fax at 609-275-4271. (Faxed registrations must include credit card information.)

3. MAIL completed registration form (including all attendee's information) with check payable to NJHA to: **NJHA, P.O. Box 828776, Philadelphia, PA 19182-8776.**

No registrations will be accepted unless accompanied by check or credit card information. For security purposes, please DO NOT mail credit card information with your security code to the P.O. Box.

REGISTRATION INFORMATION

I WOULD LIKE TO RESERVE A TABLE FOR 10

Please note: You MUST provide payment in full and all attendees' information to reserve a table.

ACHE BREAKFAST ONLY	_____ @ \$60	\$ _____
NJHA MEMBER - ANNUAL MEETING & LUNCHEON	_____ @ \$295	\$ _____
ACHE BREAKFAST & NJHA MEMBER ANNUAL MEETING & LUNCHEON	_____ @ \$355	\$ _____
NON-MEMBER NJHA ANNUAL MEETING & LUNCHEON	_____ @ \$1,000	\$ _____
Total Amount Due:		\$ _____

ATTENDEE(S):

NAME _____

TITLE _____

FACILITY _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

E-MAIL _____

Please provide information for EACH attendee; attach an additional sheet if necessary.

CREDIT CARD INFORMATION (register online at www.njha.com/AMRegister or fax to 609-275-4271)

VISA MASTERCARD AMERICAN EXPRESS

NAME ON CARD _____

SIGNATURE _____

CARD NUMBER _____ EXPIRATION DATE _____ CVV _____

Reserve your seat(s) today!