



2016 Fall Seminar
Medicare, WSI & BCBSND
September 24-25, 2016

Location:

Radisson Hotel
605 E. Broadway Ave
Bismarck, ND 58501
701-255-6000
Rooms are \$109/Night (Call ASAP to Reserve)

Speakers:

Medicare: Dr. Michael Jacklitch- Sat. 9am-4pm
WSI: H. Hanel & M. Buchwitz – Sat. 4pm-5pm
BCBSND: Shauna Vistad – Sun. 9am-noon

10 Hours of Continuing Education:

Saturday, September 24, 2016 8:00am Registration & Breakfast
 9:00am Seminar starts
 10:30am Morning snack break (15 minutes)
 VISIT THE VENDORS
 12:00-1:00pm Lunch break
 1:00pm Seminar resumes
 3:00pm Afternoon snack break – (15 minutes)
 VISIT THE VENDORS
 5:00pm Seminar ends for the day

Sunday, September 25, 2016 8:15am Breakfast
 9:00am Seminar starts
 10:30am Morning snack break (15 minutes)
 VISIT THE VENDORS
 12:00pm Seminar ends

Registration Fees:

- NDCA Member Doctor – **\$195.00** NDCA Member Staff - **\$50.00/staff member**
- First and Second Year NDCA Member Doctors – **FREE** – **You MUST Still Register**
- Non-NDCA Member Doctor - **\$350.00** Non-NDCA Member Staff - **\$100.00/staff member**
- State Association Member in Different State - **\$195.00 or \$50/staff member**

*****Please use the back of this form to register for this seminar*****

Registration is due by September 16, 2016

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Register ONLINE using the NDCA website:

Log into www.ndca.net. A link for registration is on the homepage and you can find a link under the name tag when you log into the website.

Register using this form via mail or fax:

Mail or fax this registration form to: NDCA PO Box 722 Minot, ND 58702 Fax-701-838-1513

Please send your registration form to the address above with a check or fill out the credit card info below. You may also bring payment to the seminar.

Please print the following:

Name of doctor(s) attending: _____

Name of staff attending: _____

Address: _____

I wish to pay by check _____

Please remember to send your check the address above or bring it to the seminar.

I wish to pay via credit card: Visa _____ MasterCard _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

CVV Number: _____

Registration Fees:

NDCA Member	_____	x	\$195.00 = \$_____
NDCA Member Staff	_____	x	\$50.00 = \$_____
NDCA 1 st Year Member	FREE	x	(Don't forget to register)
NDCA 2 nd Year Member	FREE	x	(Don't forget to register)
Non-NDCA Member	_____	x	\$350.00 = \$_____
Non-NDCA Member Staff	_____	x	\$100.00 = \$_____
Other State Assoc. Member	_____	x	\$195.00 = \$_____
Other State Assoc. Member Staff	_____	x	\$50.00 = \$_____

TOTAL DUE = \$_____