Registration—
Registration form is attached. All registrations are due by **March 29, 2019**.

Please mail the completed registration form with payment to:
Melinda Wheeler, IAMSS Treasurer
Mahaska Health Partnership
1229 C Avenue East
Oskaloosa, IA 52577
**Email**: mwheeler@mahaskahealth.org

Hotel Accommodations—
A block of rooms has been reserved at Holiday Inn & Suites Jordan Creek, 6075 Mills Civic Parkway, West Des Moines up until March 18, 2019. To make reservations, call (515) 309-3900. **Be sure to mention IAMSS** and you will receive a room rate of $124.00/night + taxes. Cancellation policy requires notification by 12PM (Noon) on the day of arrival to avoid cancellation penalties.

Meals—
**Thursday** — Breakfast, lunch, snacks and drinks included. **Dinner on your own**.
**Friday (1/2 day)** — Continental breakfast included.

Dress Attire—
Please dress comfortably. Room temperatures are difficult to predict; therefore a sweater or jacket is always recommended.

Directions to the Holiday Inn & Suites Jordan Creek—
Take exit 70 Mills Civic Parkway off Interstate 35. Drive west on Mills Civic Parkway .64 miles to Holiday Inn and Suites at Jordan Creek on the right.

Vendors—
We will have **cash-and-carry fun vendors** onsite selling items to purchase, so make sure you bring some spending money.
2019 IOWA ASSOCIATION MEDICAL STAFF SERVICES
ANNUAL EDUCATIONAL CONFERENCE
12 CEUs (pending approval)

Holiday Inn & Suites at Jordan Creek | West Des Moines, Iowa
April 11 & 12, 2019

THURSDAY, APRIL 11, 2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 – 8:00</td>
<td>Registration</td>
<td>Continental Breakfast</td>
</tr>
<tr>
<td>8:00 – 8:30</td>
<td>President’s Welcome</td>
<td>IAMSS Business Meeting</td>
</tr>
<tr>
<td>8:30 – 10:00</td>
<td>MSP Burnout: John R. Pastrano BBA, CPMSM, CPCS</td>
<td>Salon A, B, C</td>
</tr>
<tr>
<td>10:00 – 10:20</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>11:50 – 12:50</td>
<td>Lunch Provided</td>
<td></td>
</tr>
<tr>
<td>12:50 – 2:20</td>
<td>Breakout Sessions</td>
<td>Drowning in Duplication, explore the benefits of delegation: Rachelle L. Silva</td>
</tr>
<tr>
<td>2:20 – 2:40</td>
<td>Break</td>
<td></td>
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<tr>
<td>2:40 – 4:00</td>
<td>Breakout Sessions</td>
<td>How to start a CVO: John R. Pastrano</td>
</tr>
<tr>
<td>4:00 – 4:30</td>
<td>Closing</td>
<td>Door Prizes</td>
</tr>
</tbody>
</table>

FRIDAY, APRIL 12, 2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 – 8:00</td>
<td>Exhibits Open</td>
<td>Continental Breakfast</td>
</tr>
<tr>
<td>8:00 – 8:15</td>
<td>Welcome</td>
<td>Announcements</td>
</tr>
<tr>
<td>8:15 – 9:45</td>
<td>Legal Issues with Craig Sieverding, Attorney at Law</td>
<td>Salon A, B, C</td>
</tr>
<tr>
<td>9:45 – 10:00</td>
<td>Break</td>
<td>Exhibits Open</td>
</tr>
<tr>
<td>10:00 – 11:30</td>
<td>The evolution of Medical Staff Services: Melissa Walters</td>
<td>Salon A, B, C</td>
</tr>
<tr>
<td>11:30 – 12:00</td>
<td>Closing</td>
<td>Door Prizes</td>
</tr>
</tbody>
</table>
2019 IAMSS CONFERENCE REGISTRATION FORM
Thursday, April 11, 2019 | Friday, April 12, 2019

Name: _____________________________________ Title: ________________________________
Organization: ____________________________________________________________________________________

IAMSS Member—
☐ My contact information located on the IAMSS website is correct—no changes needed.
☐ My contact information located on the IAMSS website is not correct:
Address: __________________________________________________________________________________________
City: __________________________________ State: ___________ Zip: __________________________
Phone: (_____) __________________ Fax: (_____) __________________ Email: ____________________________

IAMSS Non-Member—
☐ I would like to join IAMSS and have enclosed a $50.00 check payable to: IAMSS, in addition to my IAMSS Member registration fee for the conference. Please print, complete, and include the New Member Application located on the website.
☐ I am not interested in joining IAMSS at this time, but will be attending the conference.

CONFERENCE FEES

Please check appropriate registration fee: IAMSS MEMBER NON-MEMBER
April 11-12 Two Day Conference ☐ $150.00 ☐ $175.00

MEALS:
Thursday — Breakfast, lunch, snacks and drinks included. Dinner on your own.
Friday (1/2 day) — Continental breakfast included.

Cancellations/Changes and Refunds: Fees will be refunded less a $25 cancellation fee if cancellation or change resulting in a refund is received in writing no later than March 29, 2019. After that date, fees are non-refundable. All refunds will be processed after the conference. Substitutions are allowed at no charge.

Payment Method: (Please check payment method, and forward to IAMSS Treasurer, contact info below)
☐ Check or Money Order — Please mail registration and payment (Payable to: IAMSS)
☐ PayPal — Please provide email IAMSS can send invoice to: ________________________________

After invoice is received, invoice must be paid online no later than March 29, 2019. A registration confirmation/receipt will be emailed or faxed to you upon receipt of payment. There is an additional fee for online credit card payments.

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