AHA EDUCATION

CODE OF ETHICS: Surprisingly, not a Sleep Aid!

November 12; 9:00 a.m. - Noon
Virtual Event

REGISTRATION

___ $50 - AHA Hospital Members **___ $150 - Non-Members**

Registration includes one internet connection and one telephone connection at one location. Participants must register to receive a link to this event. **Only individually registered attendees are eligible to receive Ethics contact hours.**

Employees of AHA Member hospitals are able to **register online** and pay by credit card.

Connection instructions will be sent two days prior to the event.

_____ _____
Name Title

_____
Organization

_____ _____
Mailing Address City, State & Zip

_____ _____
Phone Number Email Address

Payment Method

☐ Check in the amount of $_____ payable to **Arkansas Hospital Association** is enclosed.

☐ Credit Card # _____/_____/_____/_____ ☐ VISA ☐ MASTERCARD

Expiration Date _____ CVV _____ Name On Card _____

Billing Address _____
city, state, zip

Signature _____

PLEASE SUBMIT REGISTRATIONS BY MAIL OR FAX TO:

Arkansas Hospital Association
419 Natural Resources Drive, Little Rock, AR 72205

Fax: (501) 224-0519

Emailed registrations cannot be accepted.

QUESTIONS?

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