

# Practical Advice for 2009: Surviving the Joint Commission and CMS Survey Process

May 4, 2009

Swedish Medical Center-First Hill  
747 Broadway Avenue  
Seattle, WA 98122

**Registration Form**  
Mail or fax by April 24, 2009

## Registrant Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

## Hospital Information

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

## Registration Fee

The fee for this program is:

\$175 / registrant

\$150 / two or more registrants

Check enclosed

Purchase order enclosed

Mail checks and registration forms by April 24, 2009, to:

**Compass Group, Inc.**  
**2181 Victory Parkway**  
**Cincinnati, OH 45206**

Forms may also be faxed to 513.241.0498.

Call Calissa Kummer at 513.241.0142 for accommodations, questions, or special dietary needs.