









Continued from Page 3

## Speakers:

Stephen Gillis, Director of Billing Compliance, Massachusetts General Hospital & Massachusetts General Physician Organization

Paul E. Pecoraro Jr., Revenue Director, Massachusetts General Hospital

Joseph A. Campbell, Chief Risk & Compliance Officer, Western Connecticut Health Network

Kathleen Petruzzelli, RN, MHA, CPC, CPC-H, CPC-I, CCS-P, CCS, Director of Revenue Compliance and Clinical Audit, Western Connecticut Health Network

## **(T2B) The Hospital Value Based Purchasing Program: Where We Are ... And Where We're Heading**

The Hospital Value Based Purchasing Initiative, as announced through the final rule issued on May 6, 2011, marks a fundamental step forward in the transition toward quality based payment for all providers. This presentation will review the development of value based purchasing over the past several years and will analyze the specific methodology utilized to determine incentive payments for hospitals. The direction of future development of value based purchasing will be reviewed. Additionally, a model for enhanced documentation infrastructure will be addressed as it relates to supporting accurate measurement and reporting of quality metrics.

### You Will Learn:

- How to describe the chronology of the development of VBP initiatives to date
- How to apply the Hospital Inpatient Value Based Purchasing methodology as a basis to improve hospital performance
- How to consider necessary documentation infrastructure to achieve success under emerging methodologies.

### Speaker:

Paul L. Weygandt, MD, JD, MPH, MBA, CCS, CPE, Vice President Physician Services, J.A. Thomas & Associates

## **(T2C) Navigating the Transition Through Health Care Reform**

Building on the themes explored in the keynote address this session will review in more detail the linkage between IT as a key enabler of health care provider transformation and how IT will facilitate major change in provider clinical and operational processes.

### You Will Learn:

- Strategic aspects of electronic health record implementation
- Engaging staff in IT innovation and implementation
- Leveraging IT innovation to reengineer clinical and operational processes.

### Speaker:

Harry Greenspun, MD, Senior Advisor, Health Care Transformation and Technology, Deloitte Center for Health Solutions

## **May 17<sup>th</sup>, 1:00 - 2:30 pm**

### **(T3A) Audits – All kinds, All Payers**

Healthcare financial management executives and leaders are alert to the audit efforts of all payers to protect against and identify improper payments. Some professionals have even experienced an audit and are acutely aware of the devastating financial effects an audit may have on healthcare provider organizations. This program will provide an overview of the audits different types of payers conduct on healthcare providers, affording particular attention to Medicare and Medicaid contractors, including ZPICs, MACs, MICs and RACs. The program will address contractors' methods, particularly ZPICs, for auditing a provider and how these methods detrimentally affect healthcare provider organizations. The presentation will also focus on the most recent Medicare RAC statement of work, the implementation of the Medicaid RAC program and two of CMS' demonstration programs: the Part A to Part B Rebilling Demonstration Program and the RAC Pre-Payment Review Demonstration Program.

### You Will Learn:

- Effective audit defense strategies to employ during the appeals process and compliance measures to implement prior to an audit.

### Speaker:

Andrew Wachler, Esq., Wachler & Associates, P.C.

### **(T3B) Accountable Care- Payer/Provider Strategies and Bundled Payment Structures**

This session will address ACO strategies pursued by health systems and payers, as well as other value based reimbursement systems such as bundled payments. It will explore the essentials of a successful ACO business model, including membership, governance and appropriate goals and objectives, and the longer-term strategic advantages of getting ahead of the competition. The session will also address fundamental operational requirements, including an expanded care team and redesigned care delivery model and the importance of IT in achieving success.

### You Will Learn:

- An understanding of how competitive dynamics may drive market evolution
- An understanding of national trends
- Key components of a population based vs. a procedure oriented business model.

### Speaker:

Stephen F. Thome, Senior Manager, Ernst & Young LLP

**(T3C) The Medicare Pioneer ACO Pilot Program**

Overseen by the CMS Innovation Center, the Pioneer ACO model will test the effects of several payment arrangements to support selected provider groups in providing better care and outcomes at a lower cost. According to HHS, this project could save up to \$1.1 billion over five years and could improve care for approximately 860,000 Medicare beneficiaries beginning Jan. 1, 2012. In its list of chosen organizations HHS stated that the groups were selected for their "significant experience" in offering coordinated, patient-centered care and operating in ACO-like arrangements.

**You Will Learn:**

- An understanding of the vision for providers to be part of a larger movement toward new models of care that will impact all patients
- About organizational models and practices that can slow down the growth rate of health care cost increase so it is sustainable with the rate of growth of our economy
- Gain insight concerning ways for providers to prepare for an environment that will ultimately sustain a declining revenue base.

**Speaker:**

Timothy Ferris, MD, Medical Director, Massachusetts General Physicians Organization

**May 17<sup>th</sup>, 3:00 - 4:30 pm**

**(T4A) Tactical Strategies for Boosting Self Pay Performance and Minimizing Bad Debt**

Providers are increasingly squeezed by shrinking margins and increased cost shifting onto patients, causing a relentless climb in bad debt. With limited resources, many providers must find solutions to this mounting challenge and find them fast. Our presentation will focus on key take-away strategies to reduce bad debt and effectively manage self-pay balances through targeted, fundamental approaches.

The presenters will review a case study and equip participants with a critical set of proven "how to" mechanisms for managing self-pay balances in order to mitigate the growing bad debt challenge. These strategies will include (a) prior to service self-pay screening, (b) time of service point of service collections and (c) post service bad debt management.

**You Will Learn:**

- How best to alleviate bad debt
- Effective screening techniques
- Ways to strengthen point of service collections.

**Speakers:**

Chris Giuliano, Senior Manager, Deloitte Consulting, LLP

Neville Zar, Director, Deloitte Consulting, LLP

**(T4B) Winning with Hospital/Physician Incentive Programs**

In the current regulatory environment, it is increasingly difficult to keep track of the Federal health care incentive programs available to hospitals and physicians. Often the various mechanisms necessary to qualify for incentive payments require involvement from individuals throughout the organization and require a motivation for a change in behavior.

**You Will Learn:**

- Learn how basic carrots and sticks (rewards and penalties) are used to influence hospital and physician behavior
- Learn how hospitals and physicians work together to achieve improved results within incentive programs
- How to empower staff to measure results and improve outcomes.

**Speakers:**

Brad Bowman, MBA, Principal, Core Finance Team

Mike Laine, CPA, Principal, Core Finance Team

**(T4C) The Payer Perspective: Various Health Reform Programs in New England**

Following Medicare's lead state government and private payers are developing new models to reduce costs, improve quality and increase the value of health care services. This session will review individual reform efforts in the New England states and compare and contrast these efforts to reform efforts at the federal level.

**You Will Learn:**

- An overview of private payer reform efforts in Connecticut and nationally
- A new initiative to implement single payer care in Vermont
- Efforts by health care purchasers to improve health care value in Maine.

**Speakers:**

Richard Salmon, MD, PhD, National Medical Director, Cigna Healthcare

Richard Slusky, Director of Payment Reform, Green Mountain Care Board, Vermont

Craig T. Miskovich, Health Law Practice Group, Downs, Rachlin, Martin PLLC, Brattleboro, Vermont

Frank Johnson, Executive Director, Maine Division of Employee Health and Benefits

# SCHEDULE

Presented by HFMA Region 1: Connecticut, Maine, Massachusetts-Rhode Island and New Hampshire-Vermont Chapters

May 16 11:30 am Pre-Conference Golf Tournament – Hosted by the Connecticut Chapter – Fox Hopyard Golf Course, East Haddam, Connecticut followed by Golf Awards Reception

May 17 8:00-10:00 am **(T1) Opening Remarks - Building Value Through Reform and Beyond** Gregory Adams, FHFMA, HFMA  
**Keynote Address - Reengineering Health Care: A Manifesto for Radically Rethinking Health Care Delivery** Harry Greenspun, MD, Deloitte Center for Health Solutions

## Revenue Management Track

## Payment/ Reimbursement/ Regulation Track

## Improving Value in Healthcare Track

May 17 10:30-12:00 pm **(T2A) Revenue Cycle and Compliance – A Key Partnership**  
 Joseph A. Campbell, Western Connecticut Health Network  
 Stephen Gillis, Massachusetts General Hospital  
 Paul Pecoraro, Massachusetts General Hospital  
 Kathleen Petruzzelli, RN, MHA, CPC, CPC-H, CPC-I, CCS-P, CCS, Western Connecticut Health Network

**(T2B) The Hospital Value Based Purchasing Program: Where We Are ... And Where We're Heading?**  
 Paul Weygandt, MD, JD, MPH, MBA, CCS, CPE, J.A. Thomas & Assoc.

**(T2C) Navigating the Transition Through Health Care Reform**  
 Harry Greenspun, MD, Deloitte Center for Health Solutions

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 Andrew Wachler, Esq., Wachler & Associates, P.C.

**(T3B) Accountable Care – Payer/Provider Strategies and Bundled Payment Structures**  
 Stephen F. Thome, Ernst & Young LLP

**(T3C) The Medicare Pioneer ACO Pilot Program**  
 Timothy Ferris, MD, Massachusetts General Physicians Organization

May 17 3:00-4:30 pm **(T4A) Tactical Strategies for Boosting Self Pay Performance and Minimizing Bad Debt**  
 Chris Giuliano, Deloitte Consulting, LLP  
 Neville Zar, Deloitte Consulting, LLP

**(T4B) Winning with Hospital/Physician Incentive Programs**  
 Brad Bowman, MBA, Core Finance Team  
 Mike Laine, CPA, Core Finance Team

**(T4C) The Payer Perspective: Various Health Reform Programs in New England**  
 Frank Johnson, Maine Division of Employee Health and Benefits  
 Craig T. Miskovich, Downs, Rachlin, Martin PLLC  
 Richard Salmon, MD, PhD, Cigna Healthcare  
 Richard Slusky, Green Mountain Care Board

May 17 4:30-6:30 pm **Networking Reception Sponsored by BerryDunn**

May 18 8:00-9:00 am **(F1) Capstone Address: Tools for Success Under the New Value Focused Business Model** Kenneth Kaufman, MBA, KaufmanHall

May 18 9:30-11:00 am **(F2A) ICD-10 – Countdown to Enabling Healthcare Reform: 18 Months to Blast Off?**  
 Caroline R. Piselli, RN, MBA, FACHE, 3M Health Information Systems, Inc.  
 John Powers, Beth Israel Deaconess Medical Center  
 Cindy Zak, MS, RHIA, PMP, Milford Hospital

**(F2B) Legislative and Regulatory Update for PPS Hospitals**  
 Brad Brotherton, CPA, BKD, LLP  
 Joe Watt, CPA, BKD, LLP

**(F2C) Accelerating Efforts to Monitor and Manage Performance**  
 Kenneth Kaufman, MBA, KaufmanHall

May 18 11:30-1:00 pm **(F3A) Integrating Supply Chain and Revenue Cycle Operations in Your Organization**  
 Kathryn Diller, Mercy Health  
 Eugene Schneller, Ph.D., Health Sector Supply Chain Research Consortium

**(F3B) Organizational Preparation and Responses to Governmental and Private Insurer Audits**  
 Jeffrey L. Heidt, Esq., Verrill Dana, LLP  
 Gary A. Rosenberg, Esq., Verrill Dana, LLP

**(F3C) The Provider Perspective: Various Health Reform Programs in New England**  
 Diane Anderson, Lawrence General Hospital  
 Barbara Crowley, MD, MaineGeneral Health  
 Rocco Orlando III, MD, Hartford Health Care  
 Roberta Zysman, Beth Israel Deaconess Physician Organization

May 18 1:00 pm **Box Lunch Available to take with you**



# HFMA REGION 1 ELEVENTH ANNUAL HEALTHCARE CONFERENCE

May 18<sup>th</sup>, 8:00 - 9:00 am

## (F1) Capstone Address - Tools for Success Under the New Value Focused Business Model



### Kenneth Kaufman, MBA, Chief Executive Officer, Kaufman Hall

To succeed under the new value-focused business model, hospitals and health systems will need high-quality tools and technology that support monitoring and management of performance under changing financial arrangements. Hospital and health system executives should be focusing attention on positioning their organizations for success under a

fundamentally different business model, with a payment system altered by healthcare reform and evolution of the insurance market.

Reform legislation notwithstanding, provider payment based on best practice levels of value—defined as desired patient health outcomes per dollar spent—has received extensive attention. Bundled payments across episodes of care—with hospitals, physicians, home health agencies, rehab facilities, nursing facilities, and potentially other organizations sharing one payment—have been raised as the key mechanism to achieve such value. Major reductions in hospital readmission rates will be required of acute care providers under any payment-revision scenario, and quality incentive payments are likely to be used to spur these and other improvements. The quality and cost dimensions of payment based on value shift the focus from a service to an outcome orientation. Hospital leaders need to thoroughly understand the requirements for success under such a business model and organize to work with physicians, patients, payers, and other constituents in very different ways.

### You Will Learn:

To achieve value and accountability provider organizations must be able to plan, monitor, and report on the outcomes and costs of care delivery. Tools to accomplish these objectives that are addressed in this session:

- Revenue Management under bundled payment
- Cost Management in an environment that demands cost reduction and efficiency
- Physician revenue/compensation modeling and budgeting
- Use of human capital
- Management reporting.

May 18<sup>th</sup>, 9:30 - 11:00 am

## (F2A) ICD-10 Countdown to Enabling Healthcare Reform: 18 Months to Blast Off?

October 1, 2013 is the national implementation date for ICD-10. At the same time, healthcare reform via regulatory and commercial initiatives are linking payment to outcomes, piloting bundled payments, and building variations of Accountable Care Organizations across the continuum of care. How will your organization ensure all your ICD-9 based revenue cycle applications, payer/provider contracts, policies, procedures, and systems are converted and ready to capture complete and accurate ICD-10 administrative data via your electronic health records to drive the future? How will you convert reports for 'real time' patient management and retrospective analysis?

You will learn how to assess your readiness and build a conversion strategy that complements your EHR implementation and Health Care Reform initiatives without disrupting your business processes. This session will focus on the following topics complemented by a panel discussion of lessons learned from a community hospital and large academic medical center's perspective:

### You Will Learn:

- ICD-10 as an enabler to healthcare reform
- ICD-10 assessment, strategy, project management
- Conversion/ translation strategy across internal/ external trading partners
  - payers, providers, vendors, reporting agencies
  - examples: superbills, payer contracts, forms
- Pre-implementation testing across continuum of care
- Post implementation optimization planning.

### Speakers:

Caroline R. Piselli, RN, MBA, FACHE, 3M Health Information Systems, Inc.

John Powers, Chief Administrative Information Officer, Beth Israel Deaconess Medical Center

Cynthia Zak, MS, RHIA, PMP, Director, Health Information Services, Milford Hospital

## (F2B) Legislative and Regulatory Update for PPS Hospitals

This program is intended to cover the changes being made with the evolving Medicare program and its effect on healthcare organizations. Learn about the changes and reimbursement provisions that will impact PPS hospitals.

### You Will Learn:

- To understand recent legislative & regulatory changes unique to PPS hospitals
- To obtain ideas for implementing value based purchasing: monitoring quality scores & gaining buy-in from physicians
- To obtain checklist of unique reimbursement provisions available to PPS hospitals.

### Speakers:

Brad Brotherton, CPA, Partner, BKD LLP

Joe Watt, CPA, Partner, BKD LLP

**(F2C) Accelerating Efforts to Monitor and Manage Performance**

Mr. Kaufman will build on the themes addressed in his capstone address in this breakout session. He will engage the audience in an interactive discussion that addresses the strategic and operating requirements for hospital success.

**You Will Learn:**

- Highly integrated arrangements with physicians (hospitals and physicians aligned both clinically and financially)
- Sophisticated IT systems
- Extensive care management infrastructure and capabilities
- Efficient service distribution
- Command and control of the care delivery process from start to finish.

**Speaker:**

Kenneth Kaufman, MBA, Chief Executive Officer, Kaufman Hall

**May 18<sup>th</sup>, 11:30 - 1:00 pm**

**(F3A) Integrating Supply Chain and Revenue Cycle Operations in Your Organization**

As clinical inventory is utilized for patient care, many high-dollar items can be transformed into revenue through billing to third-party payers. While the supply chain function has not traditionally been perceived as extending past managing inventory for internal utilization, it is increasingly clear that a linkage between supply chain and those departments of the hospital that recover money for medical/surgical devices is indispensable for accurate, efficient, and consistent revenue recovery. As we move toward bundled payments, this is of even greater importance. With expected decreases in reimbursement and increases in supply costs, the need to ensure synergy between supply chain and revenue cycle operations must be a significant focus for hospitals. However, most are unsure where to begin this integration.

In this session, the speakers will share information from the Health Sector Supply Chain Research Consortium and one large hospital system will share the steps they went through to realize significant financial and operational improvement. Tools and Takeaways: A link to a Health Sector Supply Chain Research Consortium white paper that summarizes the research presented.

**You Will Learn:**

- To assess your current efforts and develop a roadmap for your future action by reviewing how leading systems approach this issue
- To link your supply chain and revenue cycle efforts with the overall organization mission, goals, and strategy
- To determine how different stakeholders value and utilize information to achieve better revenue optimization
- To access the available research literature on the topic.

**Speakers:**

Eugene Schneller, PhD, ASU and Co-Director, Health Sector Supply Chain Research Consortium

Kathryn Diller, Executive Director Decision Support, Mercy Health, St. Louis, MO

**(F3B) Organizational Preparation and Responses to Governmental and Private Insurer Audits**

The number of audits of payments by governmental agencies and private insurers, and the scope of those audits, are increasing every year. It is now more important than ever for hospitals and other providers to ensure compliance with the multitude of payment rules, regulations, and third-party requirements. Providers need to know what steps to take during and after a billing and compliance audit.

**You Will Learn:**

- How to avoid common errors in organizational preparation for and response to governmental and private insurer audits
- To conduct investigations "under the privilege"
- To respond proactively to audit findings
- To identify hot audit topics.

**Speakers:**

Jeffrey L. Heidt, Esq., Partner, Verrill Dana, LLP

Gary A. Rosenberg, Esq., Verrill Dana, LLP

**(F3C) The Provider Perspective: Various Health Reform Programs in New England**

This panel will present on specific actions being taken by providers located in Massachusetts, Connecticut and Maine to prepare for ACOs and similar shared savings arrangements, and will assess what specific actions are working in terms of cost savings and improved performance.

**You Will Learn:**

- Efforts underway to align physician and hospital stakeholders within provider organizations to transition from fee for service to risk based payment arrangements
- Review individual risk based payment arrangements including global capitated payment models implemented with private payers
- Review of ACO efforts involving Medicare shared savings programs.

**Speakers:**

Dianne Anderson, Chief Executive Officer, Lawrence General Hospital, Lawrence, Massachusetts

Rocco Orlando III, MD, Chief Medical Officer, Hartford Health Care

Barbara Crowley, MD, Executive Vice President, MaineGeneral Health

Roberta Zysman, Executive Director, Beth Israel Deaconess Physicians Organization



# ADDITIONAL INFORMATION

## Registration

All attendees must pre-register for the conference by returning the registration form or registering online with a credit card. The form, with check or credit card payment, can be mailed to HFMA Region 1, 411 Waverley Oaks Road, Suite 331B, Waltham, MA 02452 or faxed to (781) 647-7222. Register online with a credit card at <http://www.ma-ri-hfma.org/region1.html>. No walk-ins will be accommodated on the day of the conference. The deadline for registration is May 7, 2012. Seminar space is limited and is available on a first-come, first-served basis.

## Join HFMA Now

NOT AN HFMA MEMBER? JOIN NOW AND SAVE UP TO \$150 ON THIS REGISTRATION!

Annual membership from June 1<sup>st</sup> to May 31<sup>st</sup> is only \$284. Currently a prorated schedule applies: \$114 in February, \$98 in March, and \$77 in April. Simply complete the membership application online at [www.hfma.org/membership](http://www.hfma.org/membership).

You will receive the HFMA member registration discount right now!

## Cancellations

All cancellations must be received by the HFMA Region 1 Office prior to May 7, 2012 in writing by email to [HFMAReg1@camihq.com](mailto:HFMAReg1@camihq.com) or fax to (781) 647-7222. If cancellations are received prior to May 7<sup>th</sup>, a full refund, minus a \$100 handling fee, will be issued. Cancellations made after that date will be charged the full conference fee.

## Confirmations

Those registered for the conference will receive an email confirmation of registration.

## Questions

Please contact the HFMA Region 1 Office at (781) 647-7004 or email us at [HFMAReg1@camihq.com](mailto:HFMAReg1@camihq.com) if you have any questions about the conference or your registration.

## Continuing Education Information

The total contact hours for this seminar are 12.5. Participants should consult their reporting jurisdictions concerning acceptance of individual courses. All HFMA educational programs earn points towards HFMA certification and certification maintenance requirements.

## Dress

Dress is business casual for all events.

## Meals

Thursday, May 17<sup>th</sup> and Friday, May 18<sup>th</sup> breakfast and lunch are included in your conference registration. Dinner on Thursday night is on your own. Dietary restrictions can be honored if requested. Please attach a written description of your needs to your registration form.

## Parking

Free valet parking is available onsite.

## Hotel

Mohegan Sun  
One Mohegan Sun Blvd  
Uncasville, CT 06382  
1-888-777-7922  
[www.mohegansun.com](http://www.mohegansun.com)

Detailed directions to the hotel can be found at [www.mohegansun.com/getting-here](http://www.mohegansun.com/getting-here).

HFMA has reserved a block of rooms at Mohegan Sun. While rooms are available, preferred rates will be honored until April 20, 2012. You MUST contact the resort directly, and use Group Code HFMA12 to ensure your preferred rate. Rooms are available at the preferred rate of \$210 plus tax per night. You will be charged for one room night to reserve your room. Cancellations received within 24 hours of check-in will be charged one room night.

You are responsible for making your own hotel reservation including changes and cancellations.



# EXHIBITORS

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Withum Smith + Brown, CPAs

# CONNECTICUT GOLF OUTING



## Come Join the Fun!!!

Become part of the kickoff to the Region 1 HFMA's Annual Healthcare Conference at Mohegan Sun Casino on May 17 and 18, 2012. The Connecticut Chapter is holding its Golf Outing on **Wednesday, May 16, 2012** at the prestigious **Fox Hopyard Golf Club** in East Haddam, Connecticut, a short drive from Mohegan Sun. Fox Hopyard is one of Connecticut's finest courses and promises to be an exciting event.

Sign up early as last year's tournament was Sold Out!



### Schedule of Events

11:30 am - Registration / Lunch  
12:30 pm - Golf Play Begins  
6:30 pm - Cocktail Hour, Awards and Prizes

### Event Details

- Scramble Format
- Shot Gun Start
- Prizes for Gross and Net plus closest to the pin and longest drive
- Fee of \$235.00 per Golfer Includes:
  - Lunch
  - Golf with cart
  - Roving refreshment cart
  - Cocktail hour, Reception
  - Driving Range / Practice Facility
- Cocktail Hour Reception only \$25.00

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Event Sponsor  
Tee Sponsor  
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### For More Information Call

#### Donna Lewis

Office: (860) 241-7025  
Fax: (813) 741-7354  
donna.k.lewis@us.pwc.com

#### Eric Wetherell

Office: (860) 241-7168  
Fax: (813) 329-7747  
eric.wetherell@us.pwc.com

### Registration Form

Company \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

Players Name	Handicap	#
1 _____		
2 _____		
3 _____		
4 _____		

**Return with Check Payable to:**  
HFMA Conn. Chapter  
c/o Eric Wetherell  
185 Asylum St. Ste 2400  
Hartford, CT 06103

I can't make the tournament but will attend the Reception (must be registered for the Annual Conference)

Visa       Card Holder's Name \_\_\_\_\_  
MasterCard       Card # \_\_\_\_\_  
Discover       Expiration Date \_\_\_\_\_  
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