Location: University of Maryland St. Joseph Medical Center

Canticle Room, 7601 Osler Drive, Towson, MD 21204

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

Education: (*Circle all that apply*) BSN MA MBA MD MHA MPH MS MSM (Mgt)

MSN (Nursing) PHD Other: \_\_\_\_\_\_\_\_\_\_\_\_

Credentials: (*Circle all that apply*)

Case Management: ACM CCM Clinical Documentation: CCDS CDIP

Coding: CCA CCS CPC Health Information Management: CCA CCS CPC

Nursing: RN RNC NP Quality: CPHQ

Other (please provide issuing organization):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hospital/Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZipCode:\_\_\_\_\_\_\_\_\_\_

Email Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred Phone Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An attendee list will be distributed to all conference participants. Would you like your contact information included? YES NO

ACDIS Membership:

Maryland ACDIS Member? YES NO If NO, would you like information on membership? YES NO

National ACDIS Member? YES NO If NO, would you like information on membership? YES NO

Breakfast: yogurt, fruit, bagels and muffins will be provided. Lunch will include an assortment of wraps, including a vegetable wrap and a chicken Caesar salad. If you have special dietary restrictions, please plan accordingly.

**Registration Fee:** **A $10 donation to the St. Joseph’s Employee Fund is required in lieu of a registration fee. Donation must be made by check to: UMSJMC Foundation and in the memo please enter: Employee Fund. Registration forms without payment will not be accepted. COMPANY, PERSONAL CHECKS OR MONEY ORDERS ONLY-NO CASH OR CREDIT CARDS WILL BE ACCEPTED.**

**Photography Disclaimer:** Members of Maryland ACDIS will be taking photographs for archival and promotions purposes of the annual conference. By attending this event, the attendee gives Maryland ACDIS group permission to photograph. If an attendee is concerned about being photographed, please be mindful of the conference center layout the day of the event and plan your seat accordingly upon arrival.

**Please MAIL check and registration form to:** Deb McClain, c/o Performance Improvement Department, Frederick Memorial Hospital, 400 West 7th Street, Frederick, MD 21701