

**“Continuing to Build a Community
Collaborative to Improve Health Care Quality
& Outcomes”**



Tri-State Health Care Coalition (TSHCC)

14th Annual Conference

Wednesday, October 1, 2008

8:00 a.m.— 3:00 p.m.

Country Inn & Suites

110 N. 54th Street (4th floor)

Quincy, IL 62305

Sponsors/Exhibitors:

**ComPsych
Cottingham and Butler
Delta Dental
HealthLink, Inc.
MedTrak Services
Mercer
Novo Nordisk
Pfizer, Inc.
SHRM—Quincy Chapter
VSP**



AGENDA

8:00-8:30 a.m.

**Registration/Continental Breakfast
Vendor Exhibits**

8:30-8:45 a.m.

Welcome and Opening Remarks
Barb Anderson, TSHCC President
Bev Rossmiller, TSHCC Executive Director

8:45-9:30 a.m.

“Quality Counts — Consumer Information for Better Health Care”
Cheryl DeMars, CEO
The Alliance, Madison, WI

9:30-10:15 a.m.

“Healthy Memphis Common Table —Community Works Together to Improve Everyone’s Health ”
Cristie Travis, CEO
Memphis Business Group on Health, Memphis, TN

10:15-10:30 a.m.

Break/Vendor Exhibits

10:30 a.m. –11:15 p.m.

“MedEncentive—An Alignment of Interest Model”
Jim Dempster, Executive Director
MedEncentive,

11:15-11:30 a.m.

“TSHCC Program Updates”
Controlling Your Health For Life: Patient Self-Management Programs, HealthLink-Open Access III Network,
ComPsych Employee Assistance Program
Bev Rossmiller, TSHCC Executive Director

11:30-12:30

Lunch & Vendor Exhibits

12:30-1:15 p.m.

”How to Manage Human Capital Management Strategy for Slow Growth Times”
Brad Morrison
Mercer

1:15-2:00 p.m.

“Promethus Payment, Inc.—Igniting Payment Reform”
Paul Brand, Executive Director
Employers Coalition on Health

2:00-2:15 p.m.

Break/Vendor Exhibits

2:15-3:00 p.m.

”Employer Sponsored On-Site Clinics”
Lanny Green, Vice President Marketing
Novia Care Clinics

3:00 p.m.

Concluding Remarks/Prize Drawing



About the Presentations

“Quality Counts — Consumer Information for Better Health Care”

Cheryl DeMars, CEO, The Alliance

Madison, WI

Quality Counts, especially when it comes to your health. Choosing a hospital is an important decision. You want hospital care that helps you get better with as few problems as possible. This might be surprising news, but all hospital care is not the same. The quality and safety of care varies from hospital to hospital. The hospital that you choose can impact how well you feel during and after your medical treatment. And high quality care doesn't necessarily cost more.

How can you know which hospital is the best choice for the care you need? While there isn't one single source for this information, the QualityCounts™ report is an important tool. The QualityCounts™ report includes new information on the quality, safety and cost for hospitals that participate with The Alliance (Employer Health Care Alliance Cooperative).

The QualityCounts™ report shows all hospital care is not the same. The quality, safety and cost of care vary from hospital to hospital. Their report is a step toward the kind of information that you need to help make important health care decisions.

Public reporting creates a powerful incentive for hospitals to improve. Results from a multi-year research study on the 2001 QualityCounts report were published in Health Affairs, a national health policy journal. Dr. Judy Hibbard and her colleagues from the University of Oregon found hospitals that were included in the public report made significant improvements compared to hospitals that only received a private report or no report at all.

The Alliance represents people who buy health care—employers and consumers who want to make more informed purchasing decisions. The Alliance has earned their members' trust as an independent source of valuable health care information.

The Alliance (Employer Health Care Alliance Cooperative) is an employer-owned and directed not-for-profit health care purchasing cooperative. They negotiate contracts with a broad array of health care providers on behalf of their employer members so their employees and families have the freedom to choose providers that best meet their needs.

They advocate for information to compare health care cost and quality, and use this information to help health care providers improve their care. The Alliance publishes the QualityCounts™ report as part of that mission.

“Healthy Memphis Common Table — Community Works Together to Improve Everyone’s Health ”

Cristie Travis, CEO, Memphis Business Group on Health

Memphis, TN

Chistie serves on the Board of Directors for The Healthy Memphis Common Table which is a 501(c)(3) non-profit organization whose mission is to support and encourage people working together to improve the health of everyone in the Memphis, Mid-South community.

Healthy Memphis Common Table helps individuals take charge of their own health. Citizens, health care providers, and other Community Partner organizations work *together* to improve everyone's health.



About the Presentations

The Healthy Memphis Common Table works to improve both *health* and *health care* in the Mid-South, an area about 150 miles surrounding Memphis. Businesses, governments, schools, health care providers, media, fitness centers, faith-based and other organizations meet around a “common table” to address community health problems that no one organization can overcome alone.

Cristie is also CEO of The Memphis Business Group on Health (MBGH) which was formed in 1985 by seven Memphis-based employers who decided to work together to achieve cost containment, monitor quality and influence the development of a competitive health care market in Memphis. To accomplish this, they formed the Memphis Business Group on Health (MBGH), a 501(c)(3) not for profit organization. MBGH’s mission is to facilitate the purchase of efficient and effective health care services for the Memphis community. In order to accomplish this mission, MBGH members believe that:

- employers should be active in the development of the health care delivery system;
- providers should be held accountable for the quality, satisfaction and cost of services they deliver;
- accountability is reliant upon the collection, reporting and use of appropriate information; and
- employers should use such information to select high performing providers

Today, MBGH has 37 members and affiliates that employ approximately 50,000 in the greater Memphis area. MBGH has developed the following initiatives and services to support the mission and philosophy of the organization:

Value Based Purchasing

MBGH collects, analyzes and reports information necessary to purchase health care services based on value. Examples include:

- The Tennessee Health Plan Performance Report
- The Memphis Hospital Report Card
- The Memphis Leapfrog Regional Roll-Out
- Collaborative initiatives with area hospitals and physicians to develop quality improvement action plans

Competitive Choices

MBGH has negotiated arrangements for self-insured employers with managed care options at Methodist Healthcare and LeBonheur Childrens Medical Center. MBGH also has health plan and hospital "users groups" which provide members with a forum for identifying common issues and addressing concerns as a group.

MBGH also has a group purchase arrangement for an employee assistance program through CONCERN, a behavioral health network pricing arrangement, and an arrangement with Mayo Clinic for purchase of their employee communication material including a self-care guide book, internet site, newsletter, and nurse call line.

“MedEncentive – An Alignment of Interest Model”

Jim Dempster, Executive Director, MedEncentive

If you are an employer looking to control health care costs, this is it, the healthcare delivery program that a growing number of industry experts describe as a real breakthrough in quality improvement, health promotion, and cost containment is MedEncentive.

The MedEncentive Program is designed to give employees and their families tools to enjoy higher quality health care through empowerment and consumerism. The MedEncentive program is leading the way with a strategy of cooperation between the patient and their doctor. This innovative health care program financially rewards both doctors and patients for incorporating treatment guidelines – guidelines that scientific and economic studies have proven are most effective



About the Presentations

in producing the best health outcomes at the most affordable cost. The developers of the MedEncentive concept have concluded through economic analysis that financially rewarding doctors and patients for improving health care quality actually reduces total health costs. All of which, leads to better outcomes for the patient, fewer lost workdays, and a greater return on the employer's investment in healthcare benefits. This is the basis for the MedEncentive Program—a program that works because it's based on accountability and commonsense.

MedEncentive works with existing health plans (such as self-insured employers) to control healthcare costs by improving the standard of care and encouraging healthy behavior. MedEncentive accomplishes these objectives by financially rewarding both physicians and patients on a per-occurrence-of-care basis for incorporating evidence-based medicine (EBM) and information therapy (Ix) through proprietary Internet Website applications, simple but profound checks and balances, and other innovative features. This method of financially rewarding accountability and empowerment falls into a national movement referred to as pay-for-performance or P4P. MedEncentive is described as an "alignment of interest" or "AOI™" program and the process as "Triangulation" because of how MedEncentive creates a win-win-win among the consumer, medical provider, and purchaser/payer.

“TSHCC Program Update”

Bev Rossmiller, Executive Director, TSHCC

The Asheville Program, known in the Quincy and Hannibal areas as *Controlling Your Health For Life: Patient Self-Management Program for Diabetes* began in July 2007. To date nine employers have enrolled in the program representing over 13,000 covered lives. Learn more about this cost savings program, and how all self-insured employers can offer this program to their employees.

The Tri-State Health Care Coalition now has an arrangement with ComPsych for Employee Assistance Program (EAP) services. Founded in 1984, ComPsych is the world's largest provider of global employee assistance programs (EAPs) and is the pioneer and leading provider of fully integrated EAP, behavioral health, wellness, work-life, crisis intervention services and outsourced HR solutions under the GuidanceResources brand.

ComPsych creates “Build-to-Suit” programs which help employers attract and retain employees as well as improve employee productivity and performance.

“How to Manage Human Capital Management Strategy for Slow Growth Times”

Brad Morrison, Senior Associate of Mercer Health & Benefits

Emile Des Roches, Principal of Mercer Health & Benefits, LLC.

Mark Blassie, Mercer Business Development

Mercer is the global leader for trusted HR and related financial advice, products and services. Mercer's goal is to make a positive impact on the world every day by enhancing the financial and retirement security, health, productivity and employment relationships of the global workforce.

Mercer has more than 18,000 employees serving clients in over 180 cities and 40 countries and territories worldwide.

As a wholly owned subsidiary of Marsh & McLennan Companies, Inc., and also provide access to the services of our sibling companies, Marsh, Kroll, Guy Carpenter and Oliver Wyman.



About the Presentations

In this presentation you will learn "**How to manage human capital management strategy for slow-growth times**".

- Learn From Past Mistakes. Companies have learned tough lessons around talent issues from past downturns – and they want to learn from their past mistakes.
- New trends require new responses. Trends like globalization, off-shoring and outsourcing require different responses to the talent implications of this recession.
- Creative solutions needed. Economic stagnation is the ultimate “stress test” for human capital strategy – and staying the course requires creative solutions.

“Prometheus Payment, Inc. — Igniting Payment Reform”

Paul Brand, Executive Director, Employers Coalition on Health

There is widespread dissatisfaction with the current modes of paying for health care. Created by Prometheus Payment, evidence-informed case rates (ECRs) are designed to create fair payments for all providers delivering care to a patient for a particular condition. ECRs would combine global fees with an allowance for complications and performance incentives. The authors model ECRs for two scenarios, acute myocardial infarction and diabetes. Their analysis shows that, under fee-for-service payments, a high proportion of the costs of care go toward potentially avoidable complications—some 30 percent of payments for acute myocardial infarctions and 60 percent of payment for diabetes care. They conclude that ECRs would hold the delivery system accountable for the technical risk it imputes on the total costs of care—for medical errors and potentially avoidable complications. Further, ECRs would create incentives for providers to deliver care that is safer, more reliable, and consistent with evidence-based guidelines

Who finances the work of PROMETHEUS Payment®, Inc.?

The Commonwealth Fund sponsored the initial work on modeling Evidence-informed Case Rates®. The Robert Wood Johnson Foundation funded a planning grant into the early part of 2008. The Robert Wood Johnson Foundation provided \$6 million to fund a three year test of the model with an evaluation in up to four pilot sites.

“Employer Sponsored On-Site Clinics”

Lanny Green, Vice President Marketing, Novia Care Clinics

Novia CareClinics, LLC creates and manages employer sponsored on-site clinics providing primary care health services to employees, their dependents, or others as designated by an employer.

Novia believes that on-site primary care clinics offer exceptional opportunity for employers to reduce benefit plan costs while concurrently providing improved benefits to employees.

Many large employers have created on-site medical clinics, and they provide medical services to employees, integrating wellness initiatives through these facilities. Smaller and mid-size companies now have the opportunity to emulate this approach using the systems and services offered by Novia.

Novia manages the employer on-site clinic and provides integrated and comprehensive services designed to help employees improve their health. Among the services provided by Novia, in conjunction with medical professionals contracted for the clinic, are:

- Clinic operations management, including inventory maintenance and staffing
- On-line scheduling and medical records systems
- Individual health risk assessments
- Pre-disease management and reach-out programs



About the Presentations

- Health coaching
- Assistance in chronic disease management
- Employee population health management and accountability

I thought on-site clinics were only used by large companies. How is it possible for smaller companies to obtain the benefits of an on-site clinic?

The evidence of the effectiveness of clinics and related wellness initiatives undertaken by larger employers is well documented. But most workers in the U.S. work for smaller employers. The need to extend tools to smaller and mid-sized employers is critical, particularly in order to effect and measure wellness and preventative measures that need to be taken, to mitigate rapidly increasing healthcare expenditures. The clinic is scaled in size to correspond to the utilization of the employer. Through a combination of web based practice management systems, internet accessible health risk assessments, and professional management and oversight, Novia CareClinics offers on-site clinics to employers with as few as 100 employees (at a single site.)



About the Speakers

Cheryl DeMars, CEO, The Alliance Madison, WI

Cheryl DeMars joined The Alliance in 1992 and has assumed several roles before becoming CEO in December 2006.

DeMars is actively involved in efforts to create better information to help consumers compare the cost and quality of health care through The Alliance's *QualityCounts* program. Based on the *QualityCounts* program, The Alliance was the recipient of the Elwood Award that honors outstanding efforts to foster a publicly accountable health care system. She is also involved in a number of national initiatives to improve the quality, safety and value of healthcare, including the National Business Coalition on Health as board member, The Leapfrog Group and the National Quality Forum.

DeMars is also active in the Wisconsin Healthcare Purchasers for Quality, a coalition of large employers and purchasers representing over 600,000 Wisconsinites, whose mission is to promote widely available, uniform information on healthcare cost, quality and patient safety. She serves on the Board of the National Business Coalition on Health as well as on the Agency for Healthcare Research and Quality's (AHRQ) Talking Quality Editorial Board.

Prior to joining The Alliance in 1992, DeMars was a Program Manager at Meriter Hospital in Madison.

Cristie Travis, CEO, Memphis Business Group on Health Memphis, TN

Cristie Upshaw Travis is Chief Executive Officer of the Memphis Business Group on Health, a business coalition with 25 employer members and affiliates providing health care benefits to approximately 100,000 residents of the MidSouth. Since joining the Memphis Business Group on Health in December 1994, Ms. Travis has spearheaded the development of a new MBGH philosophy statement, developed the quality measurement strategy, facilitated publication of the Memphis Health Plan Report Card and Memphis Hospital Report Card, lead the roll-out of The Leapfrog Group hospital survey and improvement initiative in Memphis, recruited health plan and hospital participation in the Leapfrog Hospital Reward Program, engaged physicians in practice pattern evaluation and quality improvement, helped prepare physicians for performance measurement & reporting and pay-for-performance, and identified specific strategies to advance MBGH on its path to value-based purchasing.

Prior to joining the Memphis Business Group on Health, Ms. Travis was a health care consultant for over 15 years, working with clients in the area of health care planning and marketing. Ms. Travis is Chair of the Board of Governors of the National Business Coalition on Health and the Immediate Past Chair of the Board of Directors for The Leapfrog Group, both located in Washington, D.C.. She also serves on the National Commission on Prevention Priorities in Washington, D.C., the National Transitions of Care Coalition in Little Rock, Arkansas, and is Immediate Past Chair of the Board of Directors for the Healthy Memphis Common Table. She is currently serving as Project Director for the Healthy Memphis Common Table's "Aligning Forces for Quality: Memphis Regional Market Project", a pilot project of the Robert Wood Johnson Foundation's national initiative to dramatically improve care for all people across all settings of care.

She has her Master of Science in Hospital and Health Administration from the University of Alabama at Birmingham.



About the Speakers

James L. Dempster, Executive Director, Sales and Support MedEncentive, LLC

Jim Dempster, Executive Director, Sales and Support for MedEncentive, LLC, is an experienced professional in the healthcare cost containment industry with more than 16 years of experience helping employers, insurance carriers and healthcare payers control healthcare expenses. Mr. Dempster has served in various executive positions developing programs to control the costs of healthcare including PPOs, HMOs, EPOs, Medicare programs and worker's compensation programs.

As the cost of healthcare continued upward, Jim joined Jeff Greene, CEO to develop the concept of aligning the interest (AOI™) of the key stakeholders in healthcare delivery (providers, patients and employers/payers) to produce better health and lower costs. During the conceptual stage, Jim was President of Physician Direct PPO Network which was the first organization to test the AOI concept with 3 beta site employers. As the AOI concept proved successful in achieving the goals of better health and lower costs, Jim and Jeff Greene started up MedEncentive in January of 2005.

In his current position as Executive Director of Sales and Support of MedEncentive, LLC, Jim directs the sales effort working directly with employers as well as Provider Agents and health insurance consultants and brokers and third party administrators (TPAs). In addition, Jim directs new client startup and implementation of the MedEncentive Ix Program and provides on-going support to MedEncentive customers.

Jim's previous experience in managing healthcare costs included development of PPO Networks as Regional Vice President of CCN and Director of PPO Operations for PCC PPO Network in Oklahoma City. Jim also served as Executive Director of Physicians Credentials Verification Services and was a member of the National Credentialing Forum committee.

Active in the managed care industry, Mr. Dempster is a licensed health insurance broker and a four (4) year member of the Board of Directors for the Oklahoma State Health Underwriters Association and serves as Vice President and Media Chair.

Prior to a career in the healthcare delivery industry, Jim enjoyed a successful career in the computer industry working for IBM and Digital Equipment Corporation (DEC). Over the 13 years in the computer industry, Jim received numerous awards for sales activities including top 5% sales in the U.S. for DEC.

Mr. Dempster has been married to Diane for 24 years, has three grown children and lives in Edmond, Oklahoma. Jim holds a bachelor's degree in management and marketing from Kansas State University.

Jeffrey C. Greene, President and CEO MedEncentive, LLC

Jeff Greene is an inventor, entrepreneur and a leader in the emerging healthcare quality improvement and cost containment movement.

Greene (Jeff) co-founded and served as President/CEO of CompONE Services, Ltd. from 1987 until 2004, at which time MedEncentive was spun-off as a free-standing company. Under his leadership, CompONE grew to become one of the nation's leading providers of practice management, patient financial services, and



About the Speakers

technology services. Prior to CompONE, Greene (Jeff) held management positions with Procter & Gamble, Shaklee Corporation and Professional Office Management.

Greene (Jeff) is a Certified Executive through the American College of Medical Practice Executives. He was a guest instructor for eighteen years at the University of Oklahoma's College of Medicine. Greene (Jeff) co-authored "Practice Management for Family Physician Residents", published by American Academy of Family Physicians. He serves on the Advisory Committee for the University of Oklahoma's School of Industrial Engineering. He has served in leadership positions and on boards of other professional and charitable organizations throughout his career.

Greene (Jeff) is well known for his passionate call to reform healthcare delivery in constructive ways that draw on free-market principles, positive incentives and just plain commonsense. "At the end of the day, no healthcare system can be sustained until the incentives of the provider, the consumer and the payer are aligned and in balance. All previous attempts to reform healthcare failed because they did not heed this very simple, but powerful rule," said Greene (Jeff). "This is what we have been able to accomplish and what will drive our future success."

As the inventor of the MedEncentive Program, Greene (Jeff) was able to draw on his experiences as a physician fiscal-advocate, self-insured employer, and healthcare consumer to develop a physician-friendly, pay-for-performance program which creates a win-win-win solution to healthcare quality improvement and cost containment. MedEncentive offers a patent-pending system of web-based financial and non-financial incentives that rewards medical providers for helping to improve their patients' medical literacy, and rewards patients for demonstrating to their doctors their medical literacy and compliance to recommended care, all of which leads to better health and lower costs.

Greene (Jeff) holds a B.S. in Industrial Engineering from the University of Oklahoma where he attended on an athletic scholarship. Greene (Jeff) served as a reserve officer in the U.S. Army Corp of Engineers for 14 years. He and wife Debby live in Norman, Oklahoma with son Jess and daughter Sarah Beth.

Brad Morrison **Mercer**

Brad is a Senior Associate of Mercer Health & Benefits, LLC. Brad joined Mercer in May 2007 as a Sales Professional in the St. Louis market. One of his main focuses is to actively seek new clients by developing effective solutions that help organizations succeed. Brad has over 8 years experience in employee benefits. Seven of those years were spent on the Vendor side working for Genworth Financial (now Sun Life). After assignments in Kansas City, he was transferred to St. Louis in 2002 to help develop the market. Brad earned his BA in marketing from the University of Missouri in 1999.

Emile Des Roches **Mercer**

Emile Des Roches is a Principal of Mercer Health & Benefits, LLC. He currently leads Mercer H&B's Program (multiple employer) business in the St. Louis market. This entails coordinating the firm's consulting, insurance brokerage, outsourcing and third party administration activities for several of the firm's largest clients.



About the Speakers

Mr. Des Roches has over thirty years' experience in employee benefits. He began his career as a Group Representative with John Hancock Life in Boston in 1973. After assignments in sales training and HMO management, he was transferred to St. Louis in 1980 to head Hancock's group insurance operations here. He joined Metropolitan Life in 1982 with the specific responsibility of managing its largest local accounts. Metropolitan Life ultimately left the group medical field, merging assets with the Travelers and selling the business to United Healthcare. At United Healthcare, he managed a number of large, highly-visible accounts including the State of Missouri, General Electric and the Cooperating School Districts Group Insurance Trust, which represented over 25% of United's total Missouri enrollment.

Mr. Des Roches joined Marsh Advantage America in April, 2000 as Program Manager for the Cooperating School Districts Group Insurance Trust. He was appointed Senior Vice President in 2004. As a result of the integration of Marsh & McLennan's Marsh Advantage America, Employee Benefit Services and Mercer Group & Benefits divisions into the single firm of Mercer Health & Benefits, LLC, he was named a Principal of that firm in late 2005.

Mr. Des Roches is a graduate of the University of Massachusetts and holds the Certified Marketing Executive designation jointly conferred by Sales & Marketing Executives International and the Wharton School of Business. He has taught graduate level classes in Marketing and Employee Benefits at Boston and Southern Illinois Universities.

Mr. Des Roches is a member of the St. Louis Human Resources Management Association (HRMA), the Employee Benefits Association (EBA), and the National and St. Louis Health Underwriters Associations (NAHU/SLAHU).

Mark Blassie

Mercer

Mark Blassie leads Mercer's business development activity in St. Louis. In that role, Mark focuses on discovering client needs, issues and priorities in the context of developing a trusted advisor relationship. Positioning Mercer to help clients succeed guides this process.

Paul Brand, Executive Director, Employers Coalition on Health Rockford, IL

Paul Brand is the Executive Director of the Rockford-based Employers' Coalition on Health (ECOH). Before joining the ECOH, Mr. Brand served for 10 years as President of the Grand Rapids, MI-based REAL Health Association, an employer-led healthcare purchasing coalition serving the 1.25 million person Western Michigan labor market.

Paul has hands-on experience in leading a healthcare coalition, and a professional career that spans some 30 years with coalitions, hospitals and clinics. He is a Michigan State University graduate, with a BA in Urban Development and an MA in Community Psychology.



About the Speakers

Lanny Green, Vice President Marketing Novia Care Clinics

Mr. Green has extensive experience in the medical benefits industry having formally served as a chief marketing officer of a large managing general underwriter and has been involved in the operations of a third party administrator. He has first hand knowledge of the issues and challenges that face employers and benefit administrators.

1997 - Present: Co-Founder and Vice President of Novia Underwriters, Inc. and Vice President of Novia CareClinics, Inc.

1996 - 1997: Vice President, Midwest Region, Vasa Brougher, Inc.

1993 - 1995: President, Vasa North Atlantic Insurance Company.

1982 - 1992: Vice President, Vasa Brougher, Inc. (and its predecessors.)

1979 - 1982: Sales, Midwest Administrators, Inc.



Registration

Tri-State Health Care Coalition (TSHCC)
14th Annual Conference
October 1, 2008
Country Inn & Suites
110 N. 54th Street (4th floor)
Quincy, IL 62305

REGISTRATION *Please type or print clearly.*

Name *Title*

Company/Organization

Address

City *State* *Zip*

(_____) _____ (_____) _____

Phone *Fax*

E-Mail Address (all registration confirmations will be sent via e-mail only)

Note: To register multiple attendees from the same company/organization with one check, please submit a registration form for each individual and include all forms along with the check in one envelope.

REGISTRATION FEES: The cost for this seminar includes a continental breakfast and lunch. Register early and receive a 10% discount. Each additional person from the same company/organization may attend at a reduced rate. **Registration deadline is September 26, 2008.**

	Early Registration	
	Before September 19	After September 19
TSHCC/SHRM Member	_____ \$75	_____ \$90
Each additional attendee from same company	_____ \$60	_____ \$70
Non-TSHCC/SHRM Member	_____ \$100	_____ \$110
Each additional attendee from same company	_____ \$85	_____ \$95
Amount of check enclosed \$ _____		
<i>(Payment must accompany registration form.)</i>		

Please mail your completed registration form along with payment to:

Tri-State Health Care Coalition
301 Oak Street
Suite 2-33
Quincy, IL 62301

ATTN: TSHCC/SHRM Members, we can invoice you for the registration.

