



# Notice of Exhibition

## PDPM: A Program Designed for Successful Implementation and Understanding the Changes to SNF Post-Acute Care Medicare Reimbursement Workshops

NYSHFA in association with Zimmet Healthcare Services Group will host a PDPM Workshop at the following locations. **9:00am—4:00pm.** A limit of ten (10) tabletop exhibits per site will be allowed. Payment must be received in **full** to hold your space. A confirmation will be mailed upon receipt of your registration. Confirmations will include discount hotel room reservation information. We anticipate Owners, Administrators, and members of the interdisciplinary team to attend.

### Locations:

Turning Stone Resort & Casino - April 9, 2019

del Lago Resort & Casino - April 10, 2019

LaGuardia Marriott - April 18, 2019

### Exhibition Fee

Associate Member—Six Foot Table Top Space - \$450.<sup>00</sup>

Non Member—Six Foot Table Top Space - \$550.<sup>00</sup>

### Contact Information

Contact Person: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Site Selection:

Turning Stone Resort

del Lago Resort

LaGuardia Marriott

### Accommodations:

**Turning Stone Resort & Casino** - 5218 Patrick Road, Verona, New York 13478. Overnight Accommodations: Call (800) 771-7711.

Reservation code: NYSHFA. Rates: \$135.00 Hotel Room. \$164.00 Tower Hotel Room. Cutoff Date: 3/11/19

**del Lago Resort & Casino** - 1133 NY-414, Waterloo, NY 13165. Overnight Accommodations: Call (315) 946-1777. Reference NYSHFA

meeting. Rates: \$139.00. Cutoff Date: 3/13/19

**LaGuardia Marriott** - 102-05 Ditmars Blvd, East Elmhurst, New York 11369. Overnight Accommodations: Call (888) 236-2427. Reference

NYSNYS. Rates: \$199.00. Cutoff Date: April 3, 2019

### Payment Method (check method of payment)

Check (made payable to Foundation for Quality Care)  AMEX  Discover  MasterCard  VISA

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

I authorize NYSHFA to use the above Discover, MasterCard, VISA, or AMEX to charge applicable registration fees. I also understand that registration fees of those who cancel the day of the program or fail to attend are forfeited.

**NOTE:** If you have faxed/emailed your registration, please make sure to mail the original with your payment.

Please mail to: NYS Health Facilities Association • Attn: Erin Fitzgerald  
NYSHFA • 33 Elk Street, Suite 300 • Albany New York • 12207-1010  
Phone: (518) 462-4800 ext. 22 • Fax: (518) 462-4370 • E-mail: [efitzgerald@nyshfa.org](mailto:efitzgerald@nyshfa.org)