DEVELOPING A TALENT PIPELINE FOR THE HEALTHCARE INDUSTRY

Mail Registration Form

TEAM ATTENDING (Full conference for four people from your region) TEAM payment only \$2200 Additional team members only \$550.00 each • Only teams with a minimum of 4 members qualify for the team discount and free memberships • Must be paid as team (one payment) • All team members must come from the same region Who would make up an ideal "team" to bring to the conference? • A Workforce Development Board Representative • An Economic Development Representative • A Higher education decision-maker from your region (ie. College President, Provost, etc.) • The fourth team member should come from the healthcare industry (It could be a representative from your local hospital system, community healthcare system, healthcare training partner, etc). But your team can be made up of anyone you want!	INDIVIDUAL ATTENDING: Monday only \$429 Tuesday only \$379 Full conference \$689 (includes post conference course)
	 TEAM payment only \$2200 Additional team members only \$550.00 each Only teams with a minimum of 4 members qualify for the team discount and free memberships Must be paid as team (one payment) All team members must come from the same region Who would make up an ideal "team" to bring to the conference? A Workforce Development Board Representative An Economic Development Representative A Higher education decision-maker from your region (ie. College President, Provost, etc.) The fourth team member should come from the healthcare industry (It could be a representative from your local hospital system, community healthcare system, healthcare training partner; etc).

PERSON COMPLETING FORM:

Name	Title	
Organization Name		State
Phone		
Team Member?YESNO		



Colleen LaRose 570-559-2017 colleen@nereta.org

FOUR TEAM MEMBERS: (Or three if person completing form is part of team)							
Name		Title					
Organization Name			State				
Phone	_ Email						
Name		Title					
Organization Name			State				
Phone	_ Email						
Name		Title					
Organization Name			State				
Phone	_ Email						
Name		Title					
Organization Name			State				
Phone	_ Email						
ADDITIONAL TEAM MEMBE	RS						
		- to I					
Name		litle					
Name							
			State				
Organization Name	Email		State				
Organization Name	_ Email	Title	State				

(*NERETA will invoice for additional team members)

To pay by check, mail to: NERETA PO Box 7 Barryville, NY 12719

If you need a w9, please email, colleen@nereta.org

To pay with credit card, go to: https://nereta.ticketleap.com/healthcare-industry/

If paying online for your team, simply fill out the form provided on the ticket leap website to indicate who your team members are, their titles, organizations and their contact information.

Full conference attendees will also be automatically enrolled in the post-conference course. That is eight webinars (one webinar per month and homework from each webinar to assist teams in their continued efforts to create a collaborative strategic plan around creating healthy communities and growing quality healthcare jobs in their region.