



Presents

Annual Update from State of Connecticut Department of Public Health, Facility Licensing & Investigation Section

**with Kim Hricinek, RN Public Health Services Manager and others from
the State of CT Department of Public Health**

For Administrators, Regional Directors, Directors of Nursing Services, Department Heads et al

3.0 CEUs awarded to Nursing Home Administrators for their attendance at the entire event.

Thursday, February 16, 2023

**Aqua Turf Club
556 Mulberry St
Plantsville, CT 06479
(860) 621-9335**

Agenda

- 8:30 AM** **Registration & Continental Breakfast**
- 9:00 AM** **Presentation with Kim Hricinek, RN Public Health Services Manager and others from the
State of CT Department of Public Health**
- 12:00 Noon** **Seminar Adjourns**

(Registration on reverse side)



ACHCA

American College of
Health Care Administrators

Connecticut Chapter

Registration Form (may be duplicated)

Annual Update from State of Connecticut Department of Public Health, Facility Licensing & Investigation Section

Thursday, February 16, 2023

CT ACHCA AIT

Name: _____

Name: _____

Facility/Organization: _____ Email: _____

Address: _____

Cost: AITs/Students in an accredited college/university LTC management program attend FREE
(but you MUST register to attend!)

\$ 100.00 (\$ 104.00)/person for CT ACHCA Members and for Guests registering with a CT
ACHCA Member (same facility)

\$ 150.00 (\$ 156.00)/person for not-yet-CT ACHCA Members; for Vendors

Number in parenthesis if paying by credit card. Payment MUST accompany your Registration.
Check if by mail; credit card if by fax.

Registration is a commitment to pay and that you are up-to-date with your COVID
vaccine/boosters. Survey Guarantee in effect; substitutions allowed.

Facility Membership in CAHCF or LeadingAge CT IS NOT the same as Membership in the
College. No sure if you're an ACHCA Member?; SEE www.ctachca.org/chaptermembers.htm for
current listing; NOW would be a good time to join the College!

Make checks payable to "CT ACHCA"

Mail with your payment to:

CT ACHCA
c/o CAHCF/CCAL
213 Court Street Suite 202
Middletown, CT 06457

Fax with your credit card authorization to:

860-290-9478 or e-mail to rbrown@cahcf.org

For additional information please contact Rick Brown (860-290-9424; rbrown@cahcf.org)

Connecticut Association of Health Care Facilities, Inc.

213 Court Street, Suite 202
Middletown, CT 06457
(860) 290-9424 (860) 290-9478

Credit Card Authorization Form (for CT ACHCA Event 02/16/2023)

**PCI COMPLIANCE MANDATES THAT THIS FORM MUST BE FAXED - DO NOT EMAIL
FAX NUMBER: (860) 290-9478**

Company: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email Address: _____

Billing Address (if different):

Address: _____

City, State, Zip: _____

Telephone: _____

Credit Card Information:

Type of Card: _____

Credit Card Number: _____

Expiration Date:

Example: 06/20 _____

3 digit security code (on back) _____

SECURITY CODE:

4 digit security code (American Express only, on front) _____

Amount to Charge: _____

Reason for Charge: _____

I agree to pay above total amount according to card issuer agreement.

Signature: _____

Print Name: _____