

**2018-19 New Webinar Series**

**Phase 3: Implementing Successful Staff Training & Competency Programs**

May 7, 2019 1:30 p.m.—2:55 p.m. CST

**MEMBERS ONLY**

**\$50.00 per Facility per Webinar**

**IMPORTANT INFORMATION**

- You will receive a confirmation email with unique individual log in information after you register. The log in is good for use on a single computer but you may have as many as you wish on the single computer using this one log in. Additional log-in on another computer will require additional registration and fee.
- **PLEASE DO NOT SHARE YOUR LOG-IN LINK TO BE USED ON ADDITIONAL COMPUTERS. IF YOU DO, PROACTIVE WILL DISCONNECT THE EXTRA NON-REGISTERED LOG-INS FROM THE WEBINAR.**
- You will receive handouts via email at least two days prior to the webinar. Handouts will also be posted to the live webinar session for download by participants from the GoTo webinar once the session starts.
- Each Session is NAB approved. **You must log-in and attend the entire webinar to receive 1.25 hours.** There are new requirements for NAB hours effective April 1, 2018 that requires each person seeking NAB hours to register with NAB. If you are not registered with NAB when these hours are uploaded you will not receive the CE hours. You may go to <http://www.nabweb.org/manage-my-account> for instructions on how to register with NAB.
- **NO REGISTRATION THE DAY OF THE WEBINAR.**

**NHA NAME and NAB NUMBER:** \_\_\_\_\_  
\_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

Email address of Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Method of Payment: Check Number: \_\_\_\_\_ Credit Card: Master Card or Visa

**Season Tickets  
NOT  
Accepted**

Credit Card Number: \_\_\_\_\_

CC Expiration: \_\_\_\_\_ V Code: \_\_\_\_\_

Billing Address (if different from facility Address):  
\_\_\_\_\_

Mail Registration and Payment to:

Mississippi Health Care Association 303 Brame Road Ridgeland, MS 39157 601-898-8320

Or  
Fax to 601-898-8341 Please Call to Verify Fax Was Received

Or  
Email registration with credit card payment to [businessoffice@mshca.com](mailto:businessoffice@mshca.com)