



TO CNHN PEDIATRICIANS, PRACTICE MANAGERS & CODERS:

Attention: CNHN Practice Administrators & Office Managers
PLEASE COPY & DISTRIBUTE TO PRACTICE PEDIATRICIANS

SAVE THE DATE- REGISTER NOW

Children's National Health Network's

12th PEDIATRIC PRACTICE MANAGEMENT SEMINAR

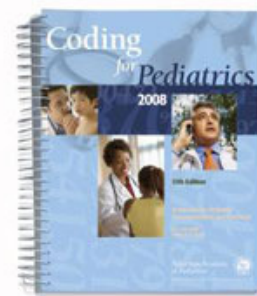
Thursday, December 3, 2009

Bethesda North Marriott Hotel & Conference Center

5701 Marinelli Road – North Bethesda, MD 20852

(Just north of I-495 on Rockville Pike (Rt. 355)- across from White Flint Metro)

9:00 am – 4:00 pm (lunch included)



Economic Recovery & Health Care Reform: Pediatric Practice Survival

Pediatric Coding 2010: What's new for 2009 - 2010?

Pediatric Coding Review & Advanced Tips (for pediatricians & office coders)

Featuring Joel Bradley, MD, FAAP, Editor: AAP *Coding for Pediatrics*

Extreme Practice Makeover (Is Your Practice Broken?)

Medical Home & Care Coordination: Certification & Reimbursement

Electronic Medical Records: Landing the Jump

And more Pediatric Practice Management topics being added...

FREE to CNHN (& local DC-VA-MD AAP) members
(pre-registered by November 23, 2009)



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THURSDAY, DECEMBER 3, 2009**

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REGISTRATION INFORMATION

PRACTICE NAME:			
PRACTICE ADDRESS:			
	CITY	STATE	ZIP
OFFICE PHONE: ()		OFFICE FAX: ()	
OFFICE MANAGER/CONTACT:		OFFICE MANAGER PHONE: ()	

LIST REGISTRANTS (BY NAME) PLEASE PRINT LEGIBLY

LAST NAME	FIRST NAME	TITLE	EMAIL
1.			
2.			
3.			
4.			
5.			

REGISTRATION FEES

	BEFORE 11/23/09	AFTER 11/23/09*
CNHN MEMBER PRACTICE	FREE*	\$100.00/REGISTRANT
CNMC STAFF	FREE*	\$100.00/REGISTRANT
DC, VA, MD AAP MEMBERS	FREE*	\$100.00/REGISTRANT
NON CNHN MEMBER PRACTICES	\$100.00/REGISTRANT	\$125.00/REGISTRANT

*FREE TO CNHN MD's & UP TO 3 OFC MGRS/STAFF. ADDITIONAL ATTENDEES AT \$25/PER ATTENDEE- SPACE PERMITTING.

*NON-CNHN PRACTICES FREE UPON CNHN APPLICATION.

PAYMENT INFORMATION

METHOD OF PAYMENT	
CREDIT CARD NUMBER	CHECK: (PLEASE MAKE CHECKS PAYABLE TO THE CHILDREN'S NATIONAL HEALTH NETWORK")
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX	TOTAL AMOUNT DUE:
NAME AS IT APPEARS ON CARD:	SIGNATURE:
	EXPIRATION DATE:

QUESTIONS? Contact Donnita Smith @ 202/476-2727 or via email at dnsmith@cnmc.org. Please return registration with payment to CNHN by November 23, 2009 via fax at 202/476-2399 or mail to:

CHILDREN'S NATIONAL HEALTH NETWORK | 111 MICHIGAN AVENUE, NW | WASHINGTON, DC 20010