



Physician Business LEADERSHIP Certificate Program

WAYS TO ENROLL

Email: martinc@ihaonline.org

Mail: Iowa Hospital Association • 100 E Grand Ave, Ste 100 • Des Moines, IA 50309 • Attn: Corey Martin

ATTENDEE INFORMATION

Name _____ Title _____

Email Address (required) _____ Telephone _____

ORGANIZATION INFORMATION

Name _____

Street Address _____

City _____ State _____ Zip _____

REGISTRATION FEES

- IHA/IMS/IAFP member – \$2,500
- IHA nonmember – \$3,000
- Installments (\$900/\$1,000 due at registration, \$800/\$1,000 due on 2/23 and \$800/\$1,000 due on 4/26).

PAYMENT INFORMATION

- Option 1: Bill my institution.
- Option 2: Enclosed is my check payable to IHA in the amount of \$ _____

FOR IHA OFFICE USE ONLY

Program # 125-5130-202821

Date Received _____

Fee Amount \$ _____

Check # _____

Check Total \$ _____

Organization Personal