



MHA HEALTH FOUNDATION

WEBINAR

Mindfulness in Clinical Practice

August 10, 2017 • 10:30 – 11:30 a.m.

IMPORTANT:

PERSON LOGGING IN

This contact will receive all webinar information and is responsible for logging all registrants at your facility into the webinar.

WHAT'S A WEBINAR AND HOW DOES IT WORK?

A webinar is a fully interactive, web-based seminar. The audio portion operates as a telephone conference call, and the presenter's slides are accessible online. *Costs are generated per connection (phone line and/or Internet) used.*

CONFIRMATIONS

Confirmation will be sent within three weeks of our receipt of your registration form and payment. Add this event to your calendar. If you have not received confirmation five days prior to the webinar, please call Erica Leyko at the MHA at (517) 323-3443.

Please note: Registrations will not be confirmed unless payment is received.

CANCELLATION POLICY

If notice of cancellation is given 72 hours in advance of the webinar, 50 percent of the registration fee is refundable. No refunds will be issued after this time.

SPECIAL NEEDS

If you have any special needs or concerns regarding your webinar site access or participation, please call the MHA Health Foundation at (517) 323-3443. Inquiring in advance will enhance our ability to respond to your individual needs!

SATISFACTION GUARANTEE

If you are not completely satisfied with this program, we guarantee a full refund of your registration fee.

MISSION OF THE MHA HEALTH FOUNDATION

The MHA Health Foundation is the nonprofit arm of the Michigan Health & Hospital Association established to support hospitals and their community partners to improve the health of individuals and communities throughout Michigan.

Person logging into the webinar:

Name: _____

Title: _____

Email Address (required to confirm): _____

Phone: _____

Additional registrants:

Name: _____

Title: _____

Email Address (required to confirm): _____

Name: _____

Title: _____

Email Address (required to confirm): _____

Organization: _____

Address: _____

City/State/ZIP: _____

- **Fee per connection for MHA-member organizations:** \$195 per MHA member
- **Fee per connection for non-MHA-member organizations:** \$295 per nonmember
- **Make check payable to:** MHA Health Foundation
- **Register online** at www.mha.org by clicking on Education & Events and scrolling to this webinar on the calendar. Click on the webinar name, then click "Register" near the bottom of the page. Or fax this registration form with payment information to (517) 327-4507.

- **Members are encouraged to register by noon, August 9, 2017**

- **Mail payment and form to:** Erica Leyko
MHA Health Foundation
2112 University Park Drive
Okemos, MI 48864

Registrations must be accompanied by a check or VISA, MasterCard or American Express number.

Total: \$ _____ Check #: _____

Charge my: VISA MasterCard American Express

Account #: _____ Exp. Date: _____ CVV #: _____

Cardholder Signature: _____

Cardholder Name (print): _____

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