

Invitation to Register and Attend Independent Nursing Home Association Annual Conference June 5th thru June 8th, 2022

Beau Rivage Casino and Resort
875 Beach Boulevard, Biloxi, MS
39530 (228) 386-7111

The INHA invites you to join us for our annual conference this year! We are applying for MS NHA, AD, RD, LSW CEUs and will send the hours and approval notices out as soon as we receive. We are aiming to inspire you and motivate you with the great speakers we have joining us!

Conference fees are as follows:

\$750 Member	\$900 Non Member	\$100 Guest Networking Evening Event
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- Continental breakfast on Monday, Tuesday and Wednesday
- Networking luncheon on Monday; Networking breaks
- Networking Event on Monday evening (Attendee only; Additional Guest \$100/each); CEU's applied for

Room reservations must be made by May 9, 2022, in order to receive the INHA rate. Registration must be received by May 20, 2022, in order to receive a packet and name badge.

Each individual will need to be on their own registration form. Facility payments may be combined however.

“Reflecting On Our Impact and Reigniting Our Passion”

Registration Form: Member \$750 Non Member \$900
 Guest Networking Evening Event \$100/ea

For additional information contact Alicia Tice at (601) 528-3435 or aliciatice@bticecpa.com.

Tentative Agenda
Attendee Registration/ Reception: 6/5/22 – 3:00p.m. to 6:00p.m. or 6/6/22 – 7:00a.m. to 8:00a.m.
Sessions: 6/6/22 – 8:00a.m. to 4:45p.m.
Networking Event: 6/6/22 – 6:00p.m. to 9:00p.m.
Sessions: 6/7/22 – 8:00a.m. to 12:30p.m.
Sessions: 6/8/22 – 8:00a.m.-11:45a.m.

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Person(s) Attending (include Guest): _____

Email of Contact Person: _____

Mail checks and registration form to: INHA, P.O. Box 787, Wiggins, MS 39577 and email this registration form to aliciatice@bticecpa.com.

Paypal link: [PayPal.Me/INHA2022](https://www.paypal.com/INHA2022)

Visa \$ _____ Mastercard \$ _____ American Express \$ _____

Card #: _____

Security Code: _____ Exp. Date: _____ Zip Code: _____

Card Billing Address: _____

Card Holder Name: _____

Signature: _____