

NOHIMA ANNUAL MEETING

Friday June 6, 2008

**HOLIDAY INN ON ROCKSIDE RD IN
INDEPENDENCE**

**6001 ROCKSIDE RD
INDEPENDENCE, OH 44131**

Continental Breakfast

Great Door Prizes

(Must be present to win)

Interesting Speakers

Delicious Lunch

6 CE's For the Day

**Registration and payment must be post-marked
by 5/23/2008**

Send Registration & Payment to:

Kathy Loflin, RHIA

Health Information Management

Cuyahoga Community College

MHCS-106

2900 Community College Ave

Cleveland, Ohio 44115-3196

Schedule

8:00-8:30	Registration & Continental Breakfast
8:30-9:30	Keith Fricke BSEET, CISSP, Data Security Administrator, Cleveland Clinic East (1.0 CE - T) “enter title of presentation here”
9:30-9:45	Break
9:45-11:15	John Irwin, J.D., M.D., President of John R. Irwin, M.D., Co., L.P.A. (1.5 CE - EF) “15,000 Coding Issues, 37 Months in Prison, \$2 million in Forfeitures and Fines”
11:30-12:30	Lunch & NOHIMA Business Meeting (0.5 CE - EF)
12:30-1:30	Diane Kelly, RN (1.0 CE - CF) “Documentation Improvement”
1:30-2:30	Judy Staszko (1.0 CE – MD) “Managing a Multigenerational Workforce” and “Weighing the Pros and Cons of Working From Home”
2:30-2:45	Break
2:45-3:45	Tanya Edwards, M.D., M.Ed. Medical Director CCF Center for Integrative Medicine (1.0 CE-EF) “Prescription for Wellness: Treating the Body, Mind and Spirit”

MD = Management Development
CF = Clinical Foundations
T = Technology
EF = External Forces

NOHIMA ANNUAL MEETING & EDUCATION SESSION

June 6, 2008

REGISTRATION FORM

(Must be post-marked by 05/30/2008)

Education Session Investment (check-off one)

- _____ \$80.00 NOHIMA Members
_____ \$95.00 Non-Members (\$15.00 pays for 08-09 Membership)
_____ \$40.00 HIM Students
_____ \$45.00 Half Day session With Lunch (**circle one:** morning or afternoon)
_____ \$35.00 Half Day Session No Lunch (**circle one:** morning or afternoon)

For registrations post marked after 5/30/08, please add **\$20 late registration fee.**

Onsite registrations will be subject to an additional **\$25 fee**
Please call Kathy Loflin if your registration form is mailed late or if you will plan on doing on-site registration. 216-987-4456 Kathy.Loflin@tri-c.edu

NAME: _____

Address: _____

City: _____

State: _____ Zip: _____

AHIMA#: _____

Employer: _____

Title: _____

Daytime Phone: _____

E-mail Address: _____

Return Complete Form To:

**Kathy Loflin, RHIA
HIM Program Manager
Cuyahoga Community College
MHCS-106
2900 Community College Avenue
Cleveland, Ohio 44115-3196**

**Make Checks payable to: NOHIMA
NO REFUNDS...Substitutes Accepted**