

# REGISTRATION

## Queen's MSSP ACO Summer Conference: Helping Providers Thrive in Health Care Today SATURDAY, JULY 20, 2019 ~ SHERATON WAIKIKI

NAME \_\_\_\_\_

Queen's MSSP ACO Member (*Including QMC West Employed Providers*)      NON-ACO QCIPN / Akoakoa Member (*Including QMC West Hospitalists\**)

Staff of ACO, QCIPN, and/or Akoakoa Member: Provide Name of Member \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

*Confirmation and access materials will be sent to this email address  
~ ONE FORM PER REGISTRANT ~*

### Registration Fee

Fee covers educational materials & meal. **Please register by July 11.** Registration after July 10 cannot be guaranteed and is limited to remaining available space. On-site registration cannot be guaranteed (which include materials, food, and seating).

<ul style="list-style-type: none"><li>• ACO Member (FREE)</li><li>• NON-ACO Member<ul style="list-style-type: none"><li>➢ QCIPN / Akoakoa</li><li>➢ Member Staff (4 Per Practice) / Other</li></ul></li></ul>	<input type="checkbox"/> (NO CHARGE)
	<input type="checkbox"/> \$40.00 (each) <b>REDUCED FEE! ***</b>
	<input type="checkbox"/> \$60.00 (each) <b>REDUCED FEE! ***</b>

### METHOD OF PAYMENT

Check or money order payable to: Queen's CIPN, LLC  
 VISA       MasterCard       American Express       Discover

Cardholder's Name \_\_\_\_\_ Total Payment \$ \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Card Number \_\_\_\_\_ Card Security ID Code\* \_\_\_\_\_  
\*Last 3 or 4-digits printed on card or security strip

Signature \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please email or fax registration form and payment (or call with information) to:

Queen's MSSP ACO  
Email: QCIPN@queens.org  
Phone: (808) 691-7220, Fax: (808) 691-4099  
QCIPN (Queen's Clinically Integrated Physician Network)

**Refund** - To receive a refund for the registration fee, cancellation must be made in writing. Refunds will be processed less 20% for service fees if made by July 12 at 3:30 pm. No refunds will be made after that date.

**Cancellation** - This program is subject to cancellation. In the unlikely event that it should be canceled, refund of registration fees will be made in full; however, the sponsor is not responsible for any travel costs incurred.

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### Conference Agenda

A complete program will be sent to you once you register.

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### CME

The Queen's Medical Center is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Queen's Medical Center designates this live activity for a maximum of 5.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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### FOR MORE INFORMATION

Queen's MSSP ACO

Email: [QCIPN@queens.org](mailto:QCIPN@queens.org)

Phone: (808) 691-7220, Fax: (808) 691-4099

QCIPN (Queen's Clinically Integrated Physician Network)



**QUEEN'S MSSP ACO**  
Medicare Shared Savings Program  
Accountable Care Organization