



Illinois Nursing Home Administrator's Association

P.O. Box 4407, Oak Park, Illinois 60304 * 708-800-6161 * Fax: 708-848-4219 * E-mail: tsullivan@inhaa.org * Website: www.inhaa.org

2015 IS LICENSE RENEWAL TIME FOR ADMINISTRATORS YOU NEED 36 CE HOURS BY 11/30/15

The Illinois Nursing Home Administrators Association offers more than 40 high quality professional CE Hours for administrator's and nurses each year – at less than \$10 per CE Hour vs. \$33 per CE Hour to \$67 per CE Hour for other organizations.

Quality professional education at great value - all for \$100.00 for the year!

Plus you get the lively monthly newsletter, the *Administrator's Advocate*, and you meet and network with some of the friendliest and most dedicated professionals in the world.

Quality professional education at great value! And if the administrator of the facility is an association member, any staff member at their facility can come to our conferences at member rates. Value compounded!

The renewal application is on the reverse side.

Don't let this necessary foundation for your continued professional growth slip your mind. Sign up today!



**ILLINOIS NURSING HOME
ADMINISTRATOR'S ASSOCIATION
2015 Active Membership Renewal**

INHAA offers the most cost-effective, relevant, comprehensive and professional educational experience for administrators and nurses of any organization in Illinois. Don't miss out on any of our upcoming educational offerings or the lively new monthly newsletter. Renew your membership now.

Dues For membership period of 1/1/15 - 12/31/15: \$100.00

INHAA FEIN #: 37-1219674

It is important to complete the information below, so that we may update our records. Then mail or fax it along with your payment to renew your INHAA membership for 2015.

PLEASE PRINT (Please include your E-mail address for INHAA newsletter and updates)

Name: _____

E-mail: _____

Title: _____

Facility: _____

Facility Address: _____

City/State/Zip: _____

Daytime Tel: _____ 24 Hour Fax: _____

Home Address: _____

City/State/Zip: _____

Administrator License #: _____ Nurse License #: _____

I would like to present educational sessions/seminars: ___ Yes ___ No

Subject areas: (please attach or provide a brief description along with your resume)

Credit Card Payment: ___ Visa or ___ Master Card (only – no AMEX)

Credit Card Number: _____ Exp. Date: _____

Print Cardholder Name: _____

Signature: _____ Date _____

**Thank you for your continued support of INHAA!
Please mail this form and your check payable to INHAA
P.O. Box 4407, Oak Park, Illinois 60304
Or fax your credit card payment to 708-848-4219
Phone: 708-800-6161 * E-Mail: tsullivan@inhaa.org**