



IHCA Member Education Reimbursement Form
Register multiple people for Convention and get reimbursed!
July 11-13th at the Boise Centre

To: Idaho Health Care Association
 Attention: Dana Leavitt
 13945 W Wainwright Dr, Suite 101
 Boise, ID 83713
 Email: dana@idhca.org

Organization Name: _____
(Submit only one form per facility or agency)

Representative Name: _____

Date: _____

The deadline to submit a form for reimbursement is July 28, 2023.
Please include a copy of your organization's current W-9 form.
Fee reimbursement will be paid to the registering organization (not an individual).

Registration for the Convention is \$399 per person for IHCA Members <i>(Fees increase after June 30th)</i> Up to \$550 in fee reimbursement possible (after the event) as outlined below.	
1st attendee – Name:	No reimbursement
2nd attendee \$100.00 – Name:	\$100
3rd attendee \$125.00 – Name:	(+ \$125
4th attendee \$150.00 – Name:	(+ \$150
5th attendee \$175.00 – Name:	(+ \$175
Cumulative Total Due:	

Thank you for attending the 57th Annual IHCA Convention!