



IHCA Member Reimbursement Form

***Register multiple people for Convention and get reimbursed!
July 16-17th at the Boise Centre***

To: Idaho Health Care Association
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 August 2, 2024.
Please include a copy of your organization's current W-9 form.
Fee reimbursement will be paid to the registering organization (not an individual).
You cannot combine facilities without prior approval.
Corporate and regional employees can be added to one of their facilities or agencies.***

Registration for the Convention is \$399 per person for IHCA Members

(Fees increase after July 5th)

Unlimited fee reimbursement possible (after the event) as outlined below.

1st attendee \$399 – Name:	No reimbursement
2nd attendee \$100.00 off – Name:	\$100
3rd attendee \$125.00 off– Name:	(+) \$125
4th attendee \$150.00 off – Name:	(+) \$150
5th attendee \$175.00 off– Name:	(+) \$175
6th attendee \$200.00 off – Name:	(+) \$200
7th attendee \$225.00 off – Name:	(+) \$225
8+ attendees \$250.00 off each – Name:	(+) \$250
<small>(add more names on back)</small>	
Cumulative Total Due:	

Thank you for attending the 58th Annual IHCA Convention!