



## IHCA Member Reimbursement Form

**Register multiple people for Convention and get reimbursed!  
July 29<sup>th</sup> – 30<sup>th</sup> at the Nampa Civic Center**

**To:** Idaho Health Care Association  
Email: [dana@idhca.org](mailto: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 14, 2026.**
- **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.**

<p><b>Registration for the Convention is \$299 per person for IHCA Members</b> <b>Unlimited fee reimbursement possible (after the event) as outlined below.</b></p>	
1 <sup>st</sup> attendee \$299 – Name:	\$0
2 <sup>nd</sup> attendee \$50.00 off – Name:	\$50
3 <sup>rd</sup> attendee \$75.00 off– Name:	(+) \$75
4 <sup>th</sup> attendee \$100.00 off – Name:	(+) \$100
5 <sup>th</sup> attendee \$125.00 off– Name:	(+) \$125
6+ attendees \$150.00 off – Name:	(+) \$150
(add more names on back)	
<b>Cumulative Total Due:</b>	

**Thank you for attending the 60<sup>th</sup> Annual IHCA Convention!**