

2023 ADVANCED LEADERSHIP ACADEMY



ATTENDEE INFORMATION

Name _____ Title _____

Email Address (required) _____ Telephone _____

Organization Name _____

I have dietary restrictions or allergies. Please specify: _____

NOMINATOR INFORMATION

Name _____ Title _____

Email Address (required) _____ Telephone _____

MENTOR INFORMATION

Name _____ Title _____

Email Address (required) _____ Telephone _____

REGISTRATION FEES

- IHA Member – \$2,850 IHA Non-Member – \$4,000
 Single registration (paid in three installments) \$1,000/\$2,000 due at registration, \$950/\$1,000 due July 12, and \$900/\$1,000 due August 6.

PAYMENT INFORMATION

- Option 1: Bill my institution.
 Option 2: Enclosed is my check payable to IHA in the amount of \$ _____.
 Option 3: Charge my credit card, please call Corey Martin at IHA.

OFFICE USE ONLY
Program # 125-5130-206323
Date Received _____
Fee Amount \$ _____
Check # _____
Check Total \$ _____



 Email : iharegistration@ihaonline.org

 Website : www.ihaonline.org

 Mail : Iowa Hospital Association
100 East Grand, Suite 100
Des Moines, IA 50309
Attn: Ellen Waller