

2007-2008 Optimizing Clinical Care Collaborative Learning Session 6

FORM C – FOR TEXAS VETERAN TEAMS ONLY

WHEN: April 28-30, 2007

WHERE: The Westin Park Central
12720 Merit Drive
Dallas, TX 75251
Phone: (972) 851-2019

HOSTED BY: Texas Association of Community Health Centers (TACHC)

The West Central Cluster (WCC) and your Texas Department of State Health Services' Capacity and Infrastructure Development Project (CID) are pleased to fund **hotel accommodations** (up to 3 nights: April 27th, 28th & 29th) for up to three (3) health center staff for this event.

**Recommended Attendees for This Event:
Health Center Leadership & Clinicians**

MAKING HOTEL RESERVATIONS

The hotel reservation cutoff date for this room block is April 4, 2008 at 12:00 PM (CT). Do not call the hotel to make reservations, as these will be made by rooming list through April Sartor and will not be accepted via any other channel. When you submit your registration form, your hotel reservation will be made for you.

As Texas Association of Community Health Centers (TACHC) will be guaranteeing hotel reservations within the contracted hotel room block on behalf of all attendees, be aware that should there be a need to cancel, cancellations require at least 72 hours notice **to the hotel** prior to your arrival date in order to be processed without penalty charges being remitted to TACHC. In submitting a registration form for this event, your employer/health center agrees to reimburse TACHC for any and all hotel penalty charges resulting from a failure to provide proper cancellation notice.

Regarding hotel confirmations: The rooming list will be sent to the hotel reservations department on the registration deadline date. Typically, confirmation numbers are not sent back until approximately one week before an event. When the confirmation list is received, it will be forwarded to conference participants via listserv.

Check-in & checkout: Participants should check-in after 3:00 PM (local time) on the arrival date. Checkout time is 12:00 PM (local time). Be sure to obtain a receipt at checkout for your records.

REGISTRATION FEE

The registration fee for this event is **\$250/person**.

Registration fees are applicable immediately upon registration, are non-refundable, and must be received in full by no later than April 4, 2008. Registration fees may be paid via credit card by phone at (512) 329-5959; Visa, MasterCard and American Express are accepted; please reference "WCC" when making payment. Checks should be made payable to Texas Association of Community Health Centers and mailed to:

Texas Association of Community Health Centers
5900 Southwest Parkway, #3
Austin, TX 78735

TRAVEL

All costs associated with travel to/from the Learning Session are the responsibility of the attendee's Health Center.

SELF-PAY ATTENDEES

We are pleased to extend our special conference room rate of **\$109+tax/night/single OR double occupancy to self-paying participants**. When you submit your registration form, please indicate that you are a self-pay attendee and your hotel reservation will be made for you. When checking in, you will need to provide the hotel with a credit card for all charges.

Registration fees may be paid via credit card by phone at (512) 329-5959; Visa, MasterCard and American Express are accepted; please reference "WCC" when making payment. Checks should be made payable to Texas Association of Community Health Centers and mailed to:

Texas Association of Community Health Centers
5900 Southwest Parkway, Bldg. 3
Austin, TX 78735

MISCELLANEOUS

Dress comfortably: It is highly recommended that attendees **DRESS IN LAYERS**. The temperature is hard to regulate in hotel meeting rooms, despite the best efforts to maintain a comfort level that suits everyone. Bring both light clothes AND a sweater or jacket so you are able to comfortably adjust to the room temperature during the sessions. Remember: one person's oven may be another's freezer!

Parking: Parking is available at the attendee's expense for the following rates: Valet Service for \$18.00/day and Pay Self Parking for \$10.00/day.

Ground Transportation: Ground transportation is available at the attendee's expense. From Dallas/Ft Worth Airport (18 miles from hotel) Taxi service is approx. \$35.00. From Dallas Love Field Airport (12 miles from hotel) Taxi service is approx. \$30.00. Super Shuttle is available approx. every 15 min. with an approximate cost of \$18.00 each way from DFW and \$14.50 from Love Field. Complimentary shuttle service is available within a five-mile radius, including Galleria Mall.

Meals: Breakfast, AM/PM breaks, and lunch will be provided over the course of the meeting. Please indicate special dietary requirements (vegetarian substitutions or food allergies) on your registration form to help us accommodate your needs. Attendees are responsible for the cost of meals not provided through the conference.

Internet Connectivity: High Speed Internet Access in All Guest Rooms (daily charges apply at a rate of \$9.95/24 hours). A complimentary Cyber Center for guests to check e-mail or surf the Internet is also available.

Hotel website for list of available amenities, restaurants, and other local attractions:
<http://www.starwoodhotels.com/westin/property/features/index.html?propertyID=472>

2007-2008 Optimizing Clinical Care Collaborative Learning Session 6

FORM C – FOR TEXAS VETERAN TEAMS ONLY

Complete this form and send it to April Sartor via email at asartor@tachc.org, or fax to (512) 329-9189 by no later than 12:00 PM (CT) April 4, 2008

Health Center/Organization: _____

Name of the person filling out this form: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Team Member #1: _____

Arrival Date: _____ Departure Date: _____

E-mail: _____

Special Dietary Needs: _____

Sharing Room With (optional): _____

Team Member #2: _____

Arrival Date: _____ Departure Date: _____

E-mail: _____

Special Dietary Needs: _____

Sharing Room With (optional): _____

Team Member #3: _____

Arrival Date: _____ Departure Date: _____

E-mail: _____

Special Dietary Needs: _____

Sharing Room With (optional): _____

Self-Pay Attendee: _____

Arrival Date: _____ Departure Date: _____

E-mail: _____

Special Dietary Needs: _____

Sharing Room With (optional): _____

Self-Pay Attendee: _____

Arrival Date: _____ Departure Date: _____

E-mail: _____

Special Dietary Needs: _____

Sharing Room With (optional): _____

Do not call the hotel to make reservations

Upon submission of this form, hotel reservations will be made for the above attendees via rooming list.

NOTE: As Texas Association of Community Health Centers (TACHC) will be guaranteeing hotel reservations within the contracted hotel room block on behalf of the above attendees, be aware that should there be a need to cancel, all cancellations require at least 72 hours notice to the hotel prior to the scheduled arrival date in order to be processed without penalty charges being remitted to TACHC. In submitting this form, the attendee's employer/health center agrees to reimburse TACHC for any and all hotel penalty charges resulting from a failure to provide proper cancellation notice for any of the above attendees.