



HealthWatch Wisconsin Presents:

Marketplace & Medicaid Appeals Workshop

Monday, September 8, 2014

10:00am-12:00pm

**Warner Park Community Recreation Center
1625 Northport Dr. Madison, WI 53704**

The workshop will immediately follow the Dane County HealthWatch Coalition Meeting.

This workshop is sponsored in part by the Dane County Bar Association Grants for Worthy Causes; the Wisconsin Law Foundation, the charitable arm of the State Bar of Wisconsin; and ABC for Health, Inc.

2014-2015 HealthWatch Wisconsin Members and Subscribers receive discounted registration!

To Register: Complete and Return this Form

Questions? 608-261-6939 ext. 219



This is an "intermediate" level training! Not sure if it's appropriate for you? Call us!

ABC for Health, Inc., 32 N. Bassett St., Madison, WI 53703
Phone: 608-261-6939 ~ Fax: 608-261-6938
www.abcforhealth.org
www.healthwatchwisconsin.org





Name: _____

1. Are you a current (2014-2015) HealthWatch Member or Subscriber? YES NO

Remember, the current membership year for HealthWatch Wisconsin runs July 1, 2014 -June 30, 2015

If Yes: Simply check the Member box here and select your payment method below!

<input type="checkbox"/>	I am registering for this workshop as a HealthWatch Member/Subscriber:	\$20
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If No, Please tell us if you would like to join HealthWatch Wisconsin at this time, and come to the workshop for a reduced fee. Please continue to give us more contact information as well.

<input type="checkbox"/>	I would like to JOIN HealthWatch as an individual Member/Subscriber & register for the workshop	\$75
<input type="checkbox"/>	I do not want to join HealthWatch at this time, but want to attend the workshop	\$95

Wondering about an Organizational Membership or sending 3 or more people? Call for group pricing.

If you are not a current HealthWatch member, please tell us a little more about yourself:

Title/Position: _____

Employer: _____

Address: _____

Email: _____ Phone: _____

2. Payment Method:

Check (made payable to "ABC for Health, Inc.")

Credit Card _____

(include CC#, expiration date, 3-digit security code, and billing address if different from above)

Require Invoice (list name and email address where to forward an invoice)

Email, Mail or Fax Your Completed Registration Form To:

ABC for Health, Inc., 32 N. Bassett St., Madison, WI 53703

Fax: (608) 261-6938 (ATTN: Cassidy) Email: cdavis@safetyweb.org

Or Call to Register: (608) 261-6939 ext. 219

