

**TO REGISTER:**

**BY MAIL:**

DataGen Academy  
Attention: Joan Stewart  
One Empire Drive  
Rensselaer, NY 12144

**BY FAX:**

(518) 431-7812  
Attention: Joan Stewart  
*Fax registrations must include a credit card.*

**BY TELEPHONE:**

(888) 994-4373  
Attention: Joan Stewart

**FEE:**

**WEBCONFERENCES** (per connection, per program): **\$295**

**\*SPECIAL PRICING—\$595 per connection, per program for Quality Statistics.**

*Webconferences are priced per connection and not per participant, affording facilities the opportunity to have multiple staff participate at one low price.*

**MYData Academy**

Training and development to meet the needs of your organization

*Please contact me to discuss holding hospital-specific staff development at my facility.*

**QUESTIONS?**

**ABOUT REGISTRATION?**

Contact Joan Stewart, Registration Coordinator, at (888) 994-4373.

**ABOUT THE PROGRAMS?**

Contact Rachel Hajos, Senior Director, Learning and Development, at (518) 431-7838.

**PARTICIPANT INFORMATION**

NAME


TITLE

TELEPHONE

FAX

E-MAIL

**INDICATE THE WEBCONFERENCE(S) IN WHICH YOU PLAN TO PARTICIPATE:**

- Introduction to Quality—June 10 and 17*
- Connecting the Dots: How Quality of Care and Hospital Finances Inter-Relate—June 22*
- Quality Statistics: Using and Communicating Health Care Quality Data—July 8, 15, and 22*   
(SPECIAL PRICING—see details at left\*)
- Introduction to Understanding Administrative Data and Case Mix—September 23* 
- Introduction to Medicare—October 26 and 27*
- Introduction to Planning—October 29*
- Introduction to Health Care Marketing—November 10*
- Connecting the Dots: How Quality of Care and Health Information Management Inter-Relate—December 2* 
- Introduction to Medicaid—December 9* 
- Introduction to Mapping—December 9 and 10*

 *Programs in purple and denoted by this symbol are New York State specific.*

**FACILITY INFORMATION**

FACILITY

ADDRESS

CITY/STATE/ZIP

TELEPHONE

FAX

FACILITY CONTACT PERSON

E-MAIL

**CREDIT CARD INFORMATION**

**CREDIT CARD** (please circle): MasterCard® Visa® American Express® Discover®

THE TOTAL AMOUNT TO BE CHARGED TO MY CREDIT CARD IS \$ \_\_\_\_\_

CARD NUMBER

EXPIRATION DATE

NAME (as it appears on card)

CVV # (3-4 digits found in signature bar on back of card)

CARDHOLDER BILLING ADDRESS (including ZIP code)

CARDHOLDER SIGNATURE