

HEALTHCARE
COMPUTER
CORPORATION
OF
AMERICA

**COLORADO MANAGED CARE® NEWSLETTER'S
2010 SPRING STATE-OF-THE-STATE MEETING**

**Federal HealthCare Reforms, State Reform Progress &
The Colorado Affordability Act...What's Next For Colorado?**

Managed Care
Information

P.O. Box 172255
Denver CO 80217

303-534-4400
888-HMO-INFO
FAX: 303-393-8995



www.hmo-info.com

REGISTRATION FORM

HealthCare costs and HealthCare reform efforts continue to rock Colorado. Rising premiums, growing enrollment in government programs, and an expanding number of uninsured and underinsured Coloradoans are challenging the system. The 2010 Spring Colorado **State-of-the-State** program will address these issues and include comments from a wide range of providers, health plans and government officials seeking to address their concerns. Please join us in the discussion?

Our sponsors for this series include: **Aetna, Anthem BCBS, Centura Health, Colorado Acute Hospital, COPIC, Delta Dental, Humana, Kaiser, Quest Diagnostics and UnitedHealthcare.**

ONE RESERVATION FORM PER ATTENDEE: Check one.

_____ **COLORADO SPRINGS BREAKFAST**

Wednesday, April 7, 2010
Colorado Springs Marriott
5580 Tech Center Dr., Colorado Springs
Program from 7:45 to 9:30am
Networking & Registration start at 7:15am

___ **DENVER BREAKFAST**

Friday April 9, 2010
Hyatt Regency Tech Center
7800 East Tufts Avenue, Denver
Program from 7:45 to 9:30am
Networking & Registration start at 7:00

Name: _____ Title: _____

Firm: _____

Address: _____

City: _____ State: _____ ZIP: _____

Main #: _____ Direct: _____ FAX: _____

e-mail: _____

Colorado Managed Care® subscriber: \$90 until 3/29, \$100 after \$ _____

Not a Colorado Managed Care® subscriber? Become one. Add \$100 for your 1st 6 months \$ _____

OR Other Interested Person - \$115 until 3/29, \$125 after \$ _____

Total amount to be charged or payment enclosed: \$ _____

Registrations can be reassigned, BUT NO REFUNDS AFTER March 19, 2010!

Fax this registration to (303) 393-8995 or (888) HMO-2FAX, or send a check and your form to:

**HealthCare Computer Corporation of America
P.O. Box 172255 Denver CO 80217**

CREDIT CARD TYPE: Visa: _____ MasterCard: _____ American Express: _____

Name on Card: _____

Card Number: _____

Expiration Date: _____ Zip Code for the address to which your statement is sent: _____

Signature: _____ 3/1/10