“Understanding and Influencing Physician Behavior”

Wednesday, September 30, 2009
8:30 a.m. – 11:30 a.m.
(Registration: 7:45 a.m. – 8:30 a.m.)

Buena Vista Palace Hotel & Spa
Lake Buena Vista, Florida

Engage physicians in support of organizational goals!

Ensure your leadership style builds trust with medical staff and leads to mutually beneficial relationships.

- Improve communications with physicians and successfully invest in physician leadership development.
- Adopt a new model for structuring physician/organization relationships.

Faculty
Joseph Bujak MD, FACP, currently serves as Vice President, Medical Affairs for Kootenai Medical Center in Coeur d’Alene, Idaho, where he has organizational responsibility for performance improvement and outcomes measurement. He is a frequently requested speaker, facilitator and consultant on issues related to healthcare organization - physician relationships, clinical quality and patient safety, and leading and managing transformational change.

Dr. Bujak graduated Phi Beta Kappa from Rutgers University. He received his medical degree from the University of Rochester where he was elected to Alpha Omega Alpha. He is the author of the book, Leading Transformational Change: The Physician-Executive Partnership and, most recently, Inside the Physician Mind: Finding Common Ground With Doctors.

Schedule
Registration: 7:45 a.m. to 8:30 a.m.
Program: 8:30 a.m. to 11:30 a.m.

Who Should Attend
ACHE members, chief executive officers, chief operating officers, chief medical officers and other senior-level executives.
Continuing Education Credits
3.0 ACHE Category I credits will be awarded to participants.

ACHE is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. ACHE designates this educational activity for the maximum number of 3.0 Category I credits assigned to each program toward the AMA Physician Recognition Award. Each physician should claim only those credits that he or she actually spent in the activity

Registration Fees
- ACHE and FHA members $265
- Others $350

Program Location
Buena Vista Palace Hotel & Spa
1900 Buena Vista Drive
Lake Buena Vista, FL 32830
Phone: (407) 827-2727
http://www.buenavistapalace.com

A block of sleeping rooms has been reserved at the Buena Vista Palace. Make your reservation online at: http://reservations.ihotelier.com/crs/g_reservation.cfm?groupid=124968&hotelid=6579 or call (866) 397-6516 to make your room reservation. Be sure to mention Florida Hospital Association (FHA) to receive the special room rate of $175 single or double occupancy. A daily resort fee of $14.95, plus taxes, will be added to your room account. The cut-off date for reservations is Saturday, August 29, 2009! (This is based on rooms being available in the FHA block of rooms – reserve early!)

Cancellations/Refund Policy
The registration fee, less a $50 processing fee, is refundable ONLY if written notice (e-mail, fax, mail) is received by 5:00 p.m., Wednesday, September 23, 2009. Refunds will not be issued for cancellations received after September 23. The refund policy is applicable to those who indicate payment is forthcoming prior to the meeting or on-site.

No refunds will be issued for those who do not comply with a written cancellation notice by the deadline and the full registration amount will be due and owed to FHA.

Any registrant that is unable to attend may send a substitute in his or her place; however, registration fees will be adjusted to reflect the substitute’s membership status.
Registration Form

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Please indicate your ACHE membership status:

☑ Member ☐ Fellow

- please type or print clearly -

Name ___________________________________________ Nickname for Badge __________________________

Title ____________________________________________

Organization _______________________________________

Address __________________________________________

City __________________________ State ___________ Zip __________________________

Phone __________________________ Fax __________________________

E-Mail Address _______________________________________

Method of Payment

☑ A check in the amount of $_______ is enclosed. Make checks payable to FHA.

☑ Charge $_______ on the following MasterCard or Visa:

[Credit Card Information]

3-Digit Security Code (located on back of card) Expiration Date

Credit Card Statement Address/City/State/Zip Phone No. w/Area Code

Cardholder’s Name Cardholder’s Signature

Register ONLINE:
Click on the “Register” tab of the Web site, complete and submit the online registration form.

Or by FAX: (407) 423-4648.

If paying by check, mail payment with copy of registration form or invoice to:
FHA Annual Meeting
306 East College Avenue
Tallahassee, FL 32301

Please register by September 23!

Reference No. 565