



## Home Health Coding and Compliance Conference

August 2-7, 2020 | Las Vegas

<b>Application Form</b>
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### Presenter

Name\_\_\_\_\_ Title\_\_\_\_\_

Organization\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ ZIP\_\_\_\_\_

Phone\_\_\_\_\_ Fax\_\_\_\_\_ Email\_\_\_\_\_

### Presentation

Working Title\_\_\_\_\_

Please include your typed proposal with this application, not longer than two pages.  
Describe the subject and how it meets the selection criteria.

Thank you in advance. We look forward to hearing from you.

**Submit your proposal by November 15, 2020**

**Email to: [JMilliman@decisionhealth.com](mailto:JMilliman@decisionhealth.com)**