**Washington Association Medical Staff Services**

# 2021 Pre-Conference and Conference Registration

**"Thriving Through Change”**

## Tuesday, April 20 through Friday, April 23

**Northwest Quest Casino, Spokane**

**Please select choices by indicating how many in the box:**

|  |  |  |
| --- | --- | --- |
| Tuesday Accreditation Standards Review Workshop (CPMSM/CPCS Study Group) - WAMSS Member (includes lunch) | $75 |  |
| Tuesday Accreditation Standards Review Workshop (CPMSM/CPCS Study Group) - Non-Member (includes lunch) | $100 |  |
| Tuesday Washington Provider Credentialing Basics (Credentialing 101 Course) - WAMSS Member (includes lunch) | $75 |  |
| Tuesday Washington Provider Credentialing Basics (Credentialing 101 Course) - Non-Member (includes lunch) | $100 |  |
| Tuesday Provider Enrollment 101 - WAMSS Member (includes lunch) | $75 |  |
| Tuesday Provider Enrollment 101 - Non-Member (includes lunch) | $100 |  |
| Full Conference - WAMSS Member | $450 |  |
| Full Conference - Non-WAMSS Member | $525 |  |
| One Day WAMSS Member - Wed or Thurs or Fri (please circle and/or select online option) | $200 |  |
| One Day Non-WAMSS Member - Wed or Thurs or Fri (please circle and/or select online option) | $250 |  |
| Two Day WAMSS Member – Wed/Thurs, Wed/Fri, or Thurs/Fri (please circle and/or select online option) | $300 |  |
| Two Day Non-WAMSS Member – Wed/Thurs, Wed/Fri, or Thurs/Fri (please circle and/or select online option) | $375 |  |
| Attending Tuesday Night Welcome Event:  | $0 |  |
| Attending Membership Annual Meeting (WAMSS Members only) | $0 |  |
| Attending Wednesday Night Social: (Free for Conference Attendees) | $0 |  |
| Wednesday Night Social Dinner Guest Ticket  | $30 |  |
| **Special Meal Request**: Vegetarian Vegan Gluten Free |  |
| Full Conference **Group Rate Special** (Buy 4 Full Conference Registrations and Get One Free! – WAMSS Members Only Complete Group registration form below | $1,800 |  |
| WAMSS Membership Dues\*\* | $50 |  |
| Enter the amount your organization would like to contribute as a Donation or Sponsorship  | $ |  |
| **Total $ Enclosed:** |  |  |

## \*\*Join or Renew your WAMSS Membership with the conference registration and you can use the member

##  [registration price.](http://www.wamss.org/)

**All registrations must be completed online. Credit Card payments will be charged the service fee.**

**Make checks payable to: WAMSS PO Box 218, Snoqualmie, WA 98065**

**Registration Deadline: April 2, 2021**

**Conference materials will be available at** [**www.wamss.org**](http://www.wamss.org/)

 **Name: Title:**

**Organization: E-Mail:**

**Address: City: State: Zip:**

**Phone: Fax: Certified: CPCS CPMSM PESC**

**Special Meal Request: Vegetarian Vegan Gluten Free First Time Attendee: Yes No**

**Group Registration Form**

WAMSS Full Conference **Group Rate Special** $1800 (Buy 4 Full Conference Registrations and Get One Free! – WAMSS Members Only. Complete Group registration form below

**2nd Group Registration**

 **Name: Title:**

**Organization: E-Mail:**

**Address: City: State: Zip:**

**Phone: Fax: Certified: CPCS CPMSM PESC**

**Special Meal Request: Vegetarian Vegan Gluten Free First Time Attendee: Yes No**

**3rd Group Registration**

 **Name: Title:**

**Organization: E-Mail:**

**Address: City: State: Zip:**

**Phone: Fax: Certified: CPCS CPMSM PESC**

**Special Meal Request: Vegetarian Vegan Gluten Free First Time Attendee: Yes No**

**4th Group Registration**

 **Name: Title:**

**Organization: E-Mail:**

**Address: City: State: Zip:**

**Phone: Fax: Certified: CPCS CPMSM PESC**

**Special Meal Request: Vegetarian Vegan Gluten Free First Time Attendee: Yes No**

**5th Group Registration**

 **Name: Title:**

**Organization: E-Mail:**

**Address: City: State: Zip:**

**Phone: Fax: Certified: CPCS CPMSM PESC**

**Special Meal Request: Vegetarian Vegan Gluten Free First Time Attendee: Yes No**

**All registrations must be completed online. Credit Card payments will include the service fee.**

**Make checks payable to: WAMSS PO Box 218, Snoqualmie, WA 98065 include name of attendee(s) in the memo on the check**

**Registration Deadline: April 2, 2021**

**Conference materials will be available at** [**www.wamss.org**](http://www.wamss.org/)

**General Conference Information 2021**

**Who Should Attend:**

* Medical Staff Services Professionals (MSP’s)
* Provider Credentialing Specialists
* Centralized Verification Organization Professionals
* Health Plan/Managed Care Professionals
* Provider Enrollment Specialists
* Clinic/Group Practice Credentialing Professionals
* Accreditation/Compliance Professionals
* Quality & HR Professionals Cross Training
* Physician Executives

**Hotel Accommodations, Directions and Map** <https://www.wamss.org/annual-conference/8063-2/lodging-accommodations/>

|  |  |
| --- | --- |
| **Book Hotel Room at:** <https://be.synxis.com/?_ga=2.142537906.1434391158.1588263343-1632803826.1588263343&adult=1&arrive=2021-04-19&chain=18073&child=0&currency=USD&depart=2021-04-24&group=20581&hotel=65230&level=hotel&locale=en-US&rooms=1&source=BookingWidget&template=initialConfig> | **Book RV Space or Cottage at:**<https://be.synxis.com/?_ga=2.87988632.1434391158.1588263343-1632803826.1588263343&adult=1&arrive=2021-04-16&chain=24582&child=0&currency=USD&depart=2021-04-26&group=20581&hotel=7079&level=hotel&locale=en-US&rooms=1&source=BookingWidget> |

**Northern Quest Resort & Casino**

100 N Hayford Rd, Airway Heights, WA 99001

**Phone:** 866-298-1941

**Hotel Rates**: $135.00

**RV Rates:** Check reservation link for options

* A block of guest rooms has been reserved for WAMSS. Please remember to mention **“WAMSS booking ID 20581”** when making reservations. Room rates will be guaranteed until March 22, 2021. Hotel cancellation policy is 72 hours prior to our 4:00p.m. check in time to avoid a cancellation charge.
* **Dress** Attire during the conference is business casual. Please remember to dress in layers during meetings due to fluctuation in room temperatures. Jeans are welcome on Friday for travel home.
* **Perfume Policy** To ensure everyone’s comfort, please keep the use of perfume/cologne to a minimum.
* **Cell Phones/Pagers/Computers** As a matter of courtesy to other attendees please set all computers, cell phones, pagers and other mobile devices to silent or vibrate mode. If you need to take a call, please leave the session to do so.
* **Continuing Education Credits** Application has been made to the National Association Medical Staff Services for continuing education hours. Attendees must submit attestation of completed sessions to receive CE’s. Continuing Education credits will be emailed to attendees by April 29, 2021.
* **Registration Deadline and Conference Cancellation/Change Policy**

The deadline for conference registration is April 2, 2021.

Full refund, if cancellation is requested in writing by March 29, 2021. After March 29, 2021 – A $75 cancellation fee will be charged.

After April 5, 2021 – No refunds, but you may substitute another person

Contact: Carrianne Dockter, CPCS, CPMSM - Carrianne.Dockter@MolinaHealthcare.com

Conference Dining

|  |  |  |  |
| --- | --- | --- | --- |
| **Tuesday April 20**Welcome ReceptionWith Appetizers | **Wednesday April 21**Breakfast Morning snack Lunch on own Afternoon snack Social Night Activity with Dinner | **Thursday April 22**BreakfastLunch with Member Meeting Afternoon snackDinner on own | **Friday April 23**Breakfast |