

Remaining Independent Through Turbulent Times

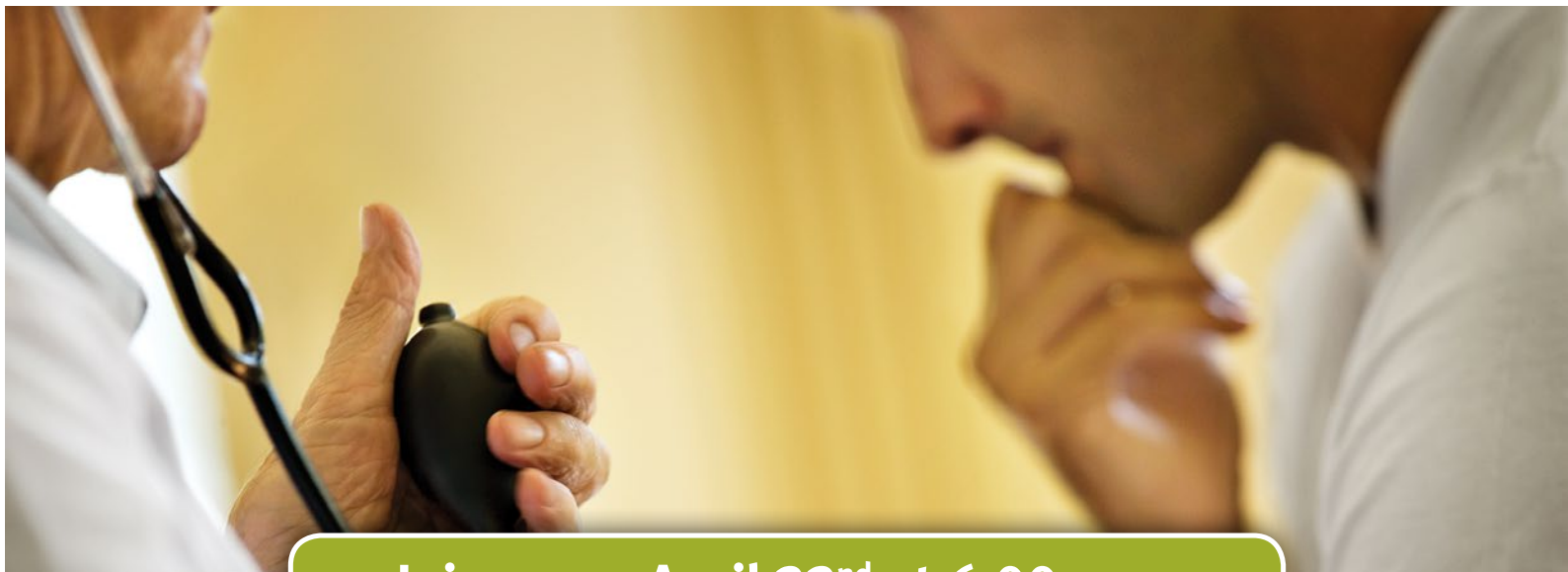
Controlling the Future of Your Practice

You're Invited to a Free Dinner Seminar

Faced with mounting costs, declining reimbursement, and increased complexity brought on by the Affordable Care Act, a growing number of physicians are feeling pressured to give up on private practice. While being employed by a large hospital or network may be the right choice for some, many are seeking other options for survival.

Please join us and your colleagues at this exclusive dinner event where we'll discuss what it takes to stay independent and in control of your fate. You'll learn how cloud-based services can help you:

- ▶ Run a lean, high-performing medical group
- ▶ Navigate changes from the ACA and other industry challenges
- ▶ Get paid more and capture available incentives
- ▶ Connect and clinically integrate with hospitals and other partners



Join us on April 22nd at 6:00 p.m.

The Fish House

600 South Barracks Street • Pensacola, FL 32502

6:00 p.m. Registration, Cocktails

6:30 p.m. Presentation and Dinner

7:30 p.m. Questions and Networking

Register today:

▶ Fax registration form on back to 888.864.4427

▶ E-mail information on form to khackerman@athenahealth.com

This is a private event by invitation only, seating is limited.



Dinner Seminar Registration Form

The Fish House • Pensacola, FL Tuesday, April 22, 2014 • 6:00 p.m.

This complimentary dinner discussion is invitation-only. Seating is limited. To register to attend, please fax this form to 888.864.4427. Or e-mail khackerman@athenahealth.com with the information below.

This event is for Physicians, Office Managers/Practice Administrators and Practice Owners Only.

Registration Form

Yes, I plan to attend; please see the information below

Unfortunately, I cannot attend; but I am interested in learning more about athenahealth

Number of attendees: _____

Full name: _____

Title: _____

Practice name: _____

Phone number: _____

E-mail address: _____

Specialty: _____

Number of physicians in your practice: _____

Additional Attendee Information

Full Name	Title	Email Address	Phone #

Full Name	Title	Email Address	Phone #

Full Name	Title	Email Address	Phone #