

Registration Form

**Wednesday,
 October 12, 2016
 8:30 am – 6:00 pm**

**Seminar Location:
 PPA Event Center
 2105 Decatur Street
 Denver, CO 80211**

To register:

Complete this registration and
 mail it with you check
 or

Fax or E-mail with you credit card information.

Registration Fees

CAMES Member	\$150
Additional Member Registrant (same company)	\$50
Non-Member	\$175
Additional Non-Member Registrant (same company)	\$75

Cancellations must be made 7 days
 prior to the event. Late cancellations
 will be responsible for registration

Name of Attendee(s) _____
 Name of Company _____
 Address _____
 City _____ State _____ ZIP _____
 Phone _____ Fax _____
 E-mail _____

- CAMES Member (\$150) + (\$50) for each additional person
- Non-member (\$175*) + (\$75) for each additional person
- Interested in membership
(*dues paid at conference will include membership for 2017.)
- Interested in more information about CAMES

Payment Method

Check enclosed made payable to CAMES

Charge my MasterCard VISA Discover
 I authorize CAMES to bill my credit card in the amount of \$_____

Credit Card Number _____
 Expiration Date _____ Code (3 digits on back) _____

Name on card _____
 Signature of Cardholder _____

Billing Address of the Cardholder
 Address _____
 City _____ State _____ ZIP _____

We Look Forward To Seeing You There!

Mail, E-mail or fax this form with payment to:
 CAMES, 10289 W. Burgundy Ave., Littleton, CO 80127
 Phone: Vickie Agler **303-549-9601**
 Fax: **303-346-9278**
E-Mail: Camesadmin@comcast.net



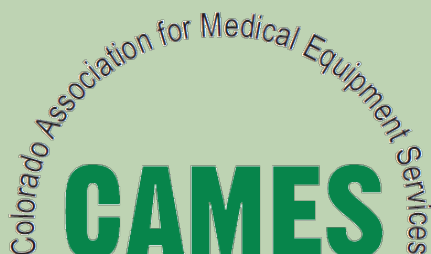
2016 CAMES ANNUAL CONFERENCE

AGENDA

Speakers confirmed, times subject to change

- 7:30-8:30 **Registration**
- 8:30-8:45 **Doug Coleman-CAMES President**
 - Welcome
- 8:45-10:00 **Mark Higley--VGM VP Regulatory Affair**
 - The 2016 HME 'Playbook'
- 10:00-10:15 Break
- 10:15-11:45 **Aaron Frazier—Head of Government Affairs, First Quality**
The Future of Long term Care
 - Medicaid
 - Post-Acute Care
 - Demographics
- 11:45- 12:00 Pick up Box Lunch and return for afternoon Speakers
- 12:00-12:45 **Representative from:**
Centers for Medicare & Medicaid Services
 - Competitive Bidding update
- 12:45 – 1:30 **CAMES - Year in Review and Accomplishments – Doug Coleman**
 - The Medicare DMEPOS Competitive Bidding Improvements 2016
 - Work on Delaying CB Roll-out to rural areas
- Edie Busam- Aponte and Busam**
 - **Provider rates maintained**
 - Member apt. to committee to review Medicaid rates
 - Work with AG and SOS on fraudulent licensees
- 1:30 – 1:45 Break
- 1:45-3:30 **Colleen Stanley—President, SalesLeadership**
 - What Is Your Sales EQ
- 3:30-4:00 **Introductions of Vendors and Legislators, Elected Officials Awards & Closing remarks**
- 4:00-6:00 **Interactive Exhibitors' Hall – Reception**
Vendor Exhibits, Networking, Cash Bar and Light Snacks

J



R.S.V.P.

Limited Seating

Reserve you place now

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Exhibitor Registration Form

2016 CAMES Annual Meeting and Conference

PPA Event Center
2105 Decatur Street
Denver, CO 80211

Wednesday

October 12, 2016 8:30 am – 6:30 pm

We invite you to join us in displaying the services offered by your company as an Exhibitor at our annual event.

We value the participation from each of our Exhibitors at our Annual Conference. In response to your feedback, we will again have our Exhibitors Hall open from 3:30 pm until 6:30 pm. Your equipment and products will be featured in the **Interactive Exhibitors' Hall**. The large room, adjoining the meeting room, will offer comfortable space for your display and interaction with the attendees. You are welcome to attend any or all of the Conference sessions as part of your exhibitor fee, but you will not need to be present during the entire day unless you choose to do so. We will be providing exclusive time for our conference participants to meet and interact with you. The Interactive Exhibitors' Hall will be open from 3:30 p.m. until 6:30 p.m.

We will have signage in the Meeting Room for each Exhibitor during the entire day.

Our Exhibitors will each make a short introduction to our Conference Attendees at approximately 3:45 p.m. We will then wrap-up the meeting and ask all attendees to move to the Interactive Exhibitors' Hall for the Reception.

We are asking our attendees to invite others from their companies to come to the Interactive Reception. We are encouraging them to have their "decision-makers", technicians and sales staff come and interact with our exhibitors.

We will offer prizes for those attendees that make it around the room to all of the Exhibitors.

The fee is \$500 per exhibitor table. If you want to come early for part or all of the conference, The exhibitor fee includes: Attend any/all of the conference sessions, lunch for one individual and one drink ticket for the cash bar during the reception.

Exhibitor tables will be set up in the Interactive Exhibitors' Hall on a first-come, first-served basis according to the receipt of the exhibitor fee. Exhibitor space is limited. One 8 ft. table and tablecloth will be provided. If you have special needs, please let us know so we can try and accommodate. Exhibitors will need to have their displays fully functional by 3:30p.m. Please register by September 28th. Full payment of registration fee is due prior to set-up at the conference.



2016 CAMES
Annual Meeting and Conference
October 12, 2016

PPA Event Center
2105 Decatur Street
Denver, CO 80211



EXHIBITOR REGISTRATION FORM

Company Name _____

Mailing Address _____

Contact Person _____ Title _____

E-mail Address _____ Phone _____

Exhibitor Booth	\$500.00	\$ _____
Includes 1 8 ft. table, and Cloth and 1 lunch and one drink ticket at the 5:00pm Reception		
Number of additional company attendees that are joining us for lunch	\$25 each	\$ _____
TOTAL DUE		\$ _____

PAYMENT METHOD (Payment in full must be received prior to set up on October 12th)

_____ Check enclosed made payable to CAMES in the amount of \$ _____

_____ Charge my: _____ MasterCard _____ Visa

I authorize CAMES to bill my credit card in the amount of \$ _____

Credit Card Number _____

Expiration Date _____ Security CODE (3 digits code on back of card) _____

Name on Card _____ Signature of Cardholder _____

Billing address for Credit Card:
Address _____ City _____ Zip _____

**Please complete form and E-mail, Fax or Mail with payment to:
CAMES, 10289 W. Burgundy Ave. Littleton, CO 80127 fax: 303-346-9278**

**If you have any questions please call our Administrative Assistant,
Vickie Agler at 303-549-9601**