

June 2018 Meeting  
South Florida Healthcare Networking Group  
**Plan to attend this event on Thursday,  
June 21, 2018**

You are invited to the monthly meeting of the  
South Florida Healthcare Networking Group (SFHNG)  
Presented by the *South Florida Hospital News and Healthcare Report*

*Sponsored by*  
*South Florida Healthcare Executive Forum*  
*and South Florida Hospital and Healthcare Association*  
*Hosted by Wellington Regional Medical Center*

*Thursday, June 21, 2018 from 7:45am to 10:00 am.*  
*Attendance will be limited to the first 50 people to RSVP.*  
**No Walk – In's**

**Who should attend:**

*Healthcare Professionals*  
*Hospital Executives and Department Heads*  
*Insurance Providers*  
*Attorneys and Accountants*  
*Home Care and Nursing Home Administrators*  
*Physicians*  
*Nurses*  
*Healthcare Students, University and Allied Health School Professionals*  
*Suppliers of Products and Services to the Healthcare Community*

**Address:**

**Wellington Regional Medical Center**  
**10101 Forest Hill Blvd.**  
**Wellington, FL 33414**  
**561-798-8500**

[Google Maps>](#)

**Date and Time:**

**Thursday, June 21, 2018**  
**From 7:45am to 10:00am**  
**Following the meeting there will be a tour of the Hospital.**

**Cost:**

**\$25 per person - includes admission to the event and a continental breakfast. Due to limited space, advance reservations and advance payment are required. American Express, Mastercard and Visa are accepted. Please complete the reservation form below and email to [charles@southfloridahospitalnews.com](mailto:charles@southfloridahospitalnews.com) or fax to 561-368-6978.**

**Space is limited. Please RSVP before June 15, 2018**

**RESERVATION FORM**

**MEETING June 2018  
June 21, 2018**

**For Credit Card Processing**

**FAX Reservation to: 561-368-6978 or  
Email: [charles@southfloridahospitalnews.com](mailto:charles@southfloridahospitalnews.com)**

**or**

**Mail a copy of the Reservation Form and a check to:  
South Florida Hospital News and Healthcare Report  
PO Box 812708  
Boca Raton, FL 33481-2708**

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

TITLE \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Credit card Information:

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PLEASE CHARGE MY CREDIT CARD: MASTERCARD / VISA / AMEX (circle one)**

No. \_\_\_\_\_ Exp. \_\_\_\_\_

Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

**TOTAL AMOUNT: \$ \_\_\_\_\_**

**Paid Reservations are non-refundable.**

For questions or more information on this program, please call 561-368-6950 or email  
[charles@southfloridahospitalnews.com](mailto:charles@southfloridahospitalnews.com)