



OHCQ Training on Plan of Corrections, plus MAADS Annual Meeting and Elections

Join us for a doubly fulfilling day. We will start with an important training by Carol Fenderson, Deputy Director of the Office of Health Care Quality on Writing the Plan of Correction in response to your survey report. This will be followed by an opportunity to network with other providers during lunch. Our general membership meeting and annual elections will take place in the afternoon.

Date: June 13, 2017

Time: 9:30 a.m. – 2pm

Location: Handelman Conference Center
10280 Old Columbia Road, #215, Columbia, MD

Registration – Limited Space Available!

Cost: \$25

Directions to Seminar Site

The Handelman Conference Center
10280 Old Columbia Road, Suite 215
Columbia, Maryland 21046
410-381-2401

From Interstate 95:

Take Route 32 West—exit 38B—to wards Columbia. Exit at Shaker Drive—Eden Brook Drive keep right at the fork in the ramp, cross over bridge to Old Columbia Road. Turn right at the traffic light. Drive past the fire department and turn right after the group of mail boxes, 10280 River Center Industrial Park, (across from Guilford Road). Take a quick left then and immediate right. Go around the back of the parking lot and enter the building at the far end marked: **Handelman Conference Center, Suite 215.**

From Route 29:

Take Route 29 to Route 32 East (towards Fort Meade). Take your first exit (Shaker Drive—Eden Brook Drive) and bear to the right. (2) Go through traffic light. After light go 0.6 mile and make a right (across from Guilford Road) into 10280 Rivers Center Industrial Park. Take a quick left then and immediate right. Go around the back of the parking lot and enter the building at the far end marked **Handelman Conference Center, Suite 215**

From Frederick:

Take I-70 East towards Baltimore. Exit onto Route 32 South (Exit 80) to Columbia. Take Shaker Drive—Eden Brook Drive exit and bear to the right. Follow above directions at (2).

Registration Form

MAADS Annual Meeting & Adult Day Services OHCQ Plan of Correction Training Tuesday, June 13, 2017

PLEASE PRINT. Copy this form for multiple registrants. Please register and return by **June 5, 2017.**

Name _____ Title _____

Email (Work) **Required** _____

Facility Name _____

Facility Address _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____

Fee: MAADS Members **\$25** _____ Total Amount Due \$ _____

Please mail with check payable to:

MAADS, 10280 Old Columbia Road, Suite 220, Columbia, MD 21046 or fax with credit card information to 410.381.6061



Name on Card _____ Account No. _____

CVV2 Security Code _____ Expiration Date _____ Signature _____

Credit Card Billing Address _____

Card Holder Email Address _____

QUESTIONS? Please call Anmarie Gordon at 410.381.2401, ext. 240 or agordon@lifespan-network.org