



**LEADERSHIP IN QUALITY IMPROVEMENT  
TELECONFERENCE CALL**

**FAX BACK RESPONSE FORM**

NURSING HOME \_\_\_\_\_  
CONTACT NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

**CONFERENCE DATE AND TIME  
FEBRUARY 25, 2003 @ 2:00PM - 3:00PM**

***Conference Telephone Number: 1-888-839-6918***

**PLEASE COMPLETE AND RETURN THIS FORM VIA FAX  
BY FEBRUARY 21, 2003 TO:**

**Pauline Kinney  
IPRO, HCQIP DEPARTMENT  
Fax: 1-516-326-7462  
Phone: 516-326-7767 ext. 402**