

MDSCare Conversion Training Schedule

MDSCare will be released beginning April 2006. Each facility MUST attend one of the training classes OR purchase the CD Tutorial (\$300) before they can receive the software upgrade. Please contact us if you are interested in special facility or corporate training. (Based on availability and extra charges apply)

Each class will be held from 9:00am – 4:00pm, registration from 8:00am - 9:00am.

| <u>Locations</u> | <u>Date</u> | <u>Hotel/Meeting Facility</u> | <u>Phone</u> |
|---------------------------|------------------------|--|--------------|
| Lake of the Ozarks | March 28 th | The Resort at Port Arrowhead, Lake Ozark | 573-365-2334 |
| Kansas City Area | March 30 th | Holiday Inn Select, Independence, MO | 816-795-8889 |
| Columbia, MO | April 12 ^h | Stoney Creek Inn | 573-442-6400 |
| St. Louis Area | April 13 th | Gateway Center, Collinsville, IL | 618-345-8998 |
| Springfield, IL | April 19 th | Route 66 Hotel & Conference Ctr. | 217-529-6626 |
| Chicago Area | April 25 th | Holiday Inn, Touhy Ave., Skokie, IL | 847-679-8900 |
| Chicago – South | April 26 th | Holiday Inn Express, Joliet, IL | 815-439-4200 |
| IL South/Kentucky | May 3 rd | Courtyard by Marriot, Paducah, KY | 270-442-3600 |
| Springfield, MO | May 10 th | Arbor Suites | 417-520-7300 |



Facility Name: _____
 City/State/Zip: _____
 Contact: _____ Phone: _____

Unable to attend training, please send me CD Tutorial at \$300

All fees are paid at the time of registration. If minimum attendance is not met, location will be cancelled and an alternate location will be offered. ALL LOCATIONS SUBJECT TO MINIMUM/MAXIMUM ATTENDANCE RESTRICTIONS.

Each \$99 fee per facility includes attendance for 2 people.
 Each additional person will cost \$40 per person. (based on availability)

Send payments via check to: (Make checks payable to LTC Solutions, Inc.)
 MDSCare Training Center
 Suite 400
 1000 S. Broadway
 Highland, IL 62249

OR to pay via Credit Card:

CREDIT CARD ORDERS: Fax to (573) 346-6082

| Training Cost | |
|-------------------------------|-------|
| \$99 per facility (2 people) | \$99 |
| Extra attendees ___ X \$40 | _____ |
| Total Amount Enclosed: | _____ |

Please Specify: MasterCard Visa

Cardholder Name: _____ Card Number: _____
 Billing Address: _____ Exp. Date: _____
 _____ Authorized Signature _____

LTC Solutions, Inc.
 573-346-6076

