

December Meeting
South Florida Healthcare Networking Group
Plan to attend this event on
Friday, December 16, 2022

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 Hospital and Healthcare Association

Hosted by HCA Florida Mercy Hospital
Friday, December 16, 2022 from 7:45am to 10:00 am.
Welcome by Ryan LeMasters, COO

Attendance will be limited to the first 30 paid reservations
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:

HCA Florida Mercy Hospital
In the Atlantic Room (first floor), located in The Bayside Pavilion
3663 S Miami Ave, Miami, FL 33133
305-854-4400

Parking in the Visitors Garage is Free
Bring your Parking Ticket to the Meeting it will be validated

[Click Here for Directions](#)

ate and Time:

Friday, December 16, 2022
From 7:45am to 10:00am

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 or fax to 561-368-6978.

SPACE IS LIMITED TO THE FIRST 30 PAID RESERVATIONS ONLY

ALL ATTENDEES - MASKS MAYBE REQUIRED

RESERVATION FORM

MEETING DECEMBER 16, 2022

For Credit Card Processing

FAX Reservation to: 561-368-6978 or

Email: 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