

*Please join the Northeast Chapter for the*

# **2011 NYSSCPA Town Hall Meeting & Healthcare Reform Panel Discussion**

The **Town Hall Meeting** updates members on the latest news and developments at the NYSSCPA, and provides an opportunity to interact with NYSSCPA leadership. The Town Hall Meeting will feature presentations from NYSSCPA President **Richard Piluso**, President-Elect **Gail Kinsella**, and Executive Director **Joanne Barry**.

For the **Healthcare Reform Panel Discussion**, join speakers **Randi Imbriaco**, Health care Reform Process Manager at CDPHP, **Amelia Klein, Esq.**, Bond, Schoeneck & King, PLLC and **Dan Colacino**, Rose & Kiernan, Inc. for the current status of national Health Care Reform and the implications in New York State. Many of the new rules will soon take effect, so don't miss out on this important discussion. *CPE Credit Provided*

<b>Schedule</b>	
<b>Date:</b>	Wednesday, September 21, 2011
<b>Location:</b>	Hilton Garden Inn, Troy, NY
<b>Registration:</b>	7:30 am
<b>Town Hall Meeting</b>	8:00 am – 9:00 am
<b>Breakfast Break</b>	9:00 am -9:15 am
<b>Healthcare Reform Panel Discussion (3hrs CPE)</b>	9:15 am – 12:15 pm
<b>Cost:</b>	Town Hall Meeting - Free <u>Healthcare Reform Panel:</u> \$35 NYSSCPA Members \$50 NYSSCPA Non-Members

If you have any questions, please contact Ethan Ullman of UHY LLP  
 Phone: (518) 694-5708, Fax: (518) 449-5832  
 E-mail: [eullman@uhy-us.com](mailto:eullman@uhy-us.com)

# ***2011 NYSSCPA Town Hall Meeting & Healthcare Reform Panel Discussion***

**For reservations, please complete this form and make payment by  
Wednesday, September 7, 2011**

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Contact E-mail:** \_\_\_\_\_

***Note: Please copy this form for each additional registrant.***

**Town Hall Meeting:** | no charge

**Healthcare Reform Panel Discussion:** | \$35 NYSSCPA Member

| \$50 NYSSCPA Non-Member

**Method of Payment:**

| Check Enclosed | AMEX | Visa | Mastercard

**Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Please make check payable to NYSSCPA**

**Please mail this form with your payment by Wednesday, September 7<sup>th</sup> to:** Ethan Ullman, UHY LLP, 66 South Pearl Street, Suite 401, Albany, NY 12207.

If you have any questions, please contact Ethan Ullman –Phone: (518) 694-5708, Fax: (518) 449-5832 E-mail: [eullman@uhy-us.com](mailto:eullman@uhy-us.com)