

6TH ANNUAL



SUMMERS MILL RETREAT CENTER

7441 FM 1123

BELTON, TX 76513

254-939-6194



FIND OUT MORE AT
WWW.TXCHARITABLECLINICS.ORG



ABOUT

The TXACC Leadership Retreat is designed for management level staff and volunteers at Free and Charitable Clinics.

It is an opportunity for you to dialogue with your colleagues in the field. In structured sessions, group discussions, and dinnertime networking, you can swap strategies for addressing your challenges and celebrate your successes.

Time for some selected topics has already been scheduled, as you'll see in the table to the right. There is also additional time allotted to discuss other topics that are pressing for you and your clinic!

Thursday October 19

1-2pm	Welcome, Introductions, TXACC Update
2-3pm	Incorporating Outcomes into Your Clinic Story
3-3:30pm	Break and Room Check-in
3:30-4:30pm	How are you dealing with the changes in the funding world?
4:30-5:30pm	Small Group Discussion
5:30-6pm	Small Group Discussion Report Out
6-6:30pm	Break
6:30pm-?	Dinner and Networking

Friday October 20

7:30-8:30am	Breakfast
8:30-9:30am	The Non-Compliant Patient
9:30-10:15am	TBD
10:15-10:30am	Break and Hotel Check-out
10:30-11:30am	Keeping the Mission Alive
11:30-noon	Wrap-up and Closing; Box lunch provided

You can also register online:
www.txacc2017retreat.eventbrite.com

LODGING

Room rates are \$112 per night. Each room has two queen beds. You will pay your room rate directly to TXACC.

If you wish to share a room, please make these arrangements on your own and then note the name of your roommate on this form. You may pay with one check, or each person may pay 1/2 of the room rate.

Room rates are non-refundable.

Registration fees will be refunded at 50% if cancelled by September 15, 2017



Registration Form
Registration Fee: \$70 per person
Lodging: \$115 per room
Please register by October 14th, 2016

Organization Name:

Attendee Name:

Address:

City, State, Zip

Cell Phone of Attendee:

Email of Attendee:

Roommate: _____

**Please list the name/phone
of an 'In Case of Emergency' contact:**

Payment Amount Enclosed:

Registration \$ _____

Lodging \$ _____

Please return this form with payment to:
TXACC P.O. Box 684127
Austin, TX 78768-4127



THANKS! SEE YOU SOON.

