



IARHC Spring Conference

Thursday, May 7, 2026

“RHC Forward: Leading Through Change”

<p>CONFERENCE LOCATION / TIME</p> <p>Master Builders of Iowa Elevate Business & Events Center 4100 Westown Parkway W. Des Moines, IA 50266</p> <p>10:00 am to 4:00 pm</p>	<p>Program Highlights</p> <p>Emergency Preparedness, Deficiencies and Plan of Correction, Legislative Updates, state and national RHC updates, and more!</p> <p>Questions</p> <p>For Questions, comments or issues, participants may reach out to: Sheri Schnell at info@iarhc.org.</p>
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How to Register:

<p>Mail this Form and Payment information to:</p> <p>Sheri Schnell Horizon Group / IARHC 2910 Westown Parkway, Ste. 302 W. Des Moines, IA 50266</p>	<p>Checks must be received by 4.15.26</p>
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Conference Fees:

<p>Attendee Registration (Member Rates)</p> <p><input type="checkbox"/> Early Bird Member Registration by April 15: \$115 per person</p> <p><input type="checkbox"/> Non-Member Registration: \$125</p> <p><input type="checkbox"/> Registration April 16 - May – 1: \$125 per person</p>	<p>Cancellations/Refunds:</p> <p>A cancellation fee of \$50 will be assessed for all cancellations. No refund if cancelled on or after April 15, 2025. Substitutions from the same organization are welcome.</p> <p>Meals included with registration. Special dietary needs upon request.</p>
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Registration Form:

Please complete a separate registration form per Registrant.

Organization: Affiliated System/Org (if applicable)		
Registrant:	Last Name	First Name
Email Address:		
Phone:		
Title:		
Membership Information:	<input type="checkbox"/> IARHC Member	<input type="checkbox"/> Non-Member

Payment Information:

Check: Make Payable to IARHC and send to: Sheri Schnell Horizon Group / IARHC 2910 Westown Parkway Ste. 302 W. Des Moines, IA 50266	Credit Card: (a 3.5% credit card will be assessed) <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Send completed form to Sheri Schnell
	Card Holder Name (Please Print)
	Credit Card #:
	Security Code:
	Exp. Date:
	Zip Code:
	Signature of Cardholder: