

## Colorado Hospice Organization Discounted Membership for Hospice Compliance Network

Return this completed form to CHO offices.  
**Make checks payable to Colorado Hospice Organization.**

Name _____	Telephone _____
Title _____	
Hospice _____	Fax _____
Address _____	Email Address _____
City/State/Zip _____	Address of Credit Card Holder if Different _____
Credit Card Number _____	City/State/Zip _____

  

<b>1.</b>	Hospice Compliance Network Base Membership*	\$100.00
	<b>1 a.</b> <i>Additional base membership without Guidance Line (\$25.00 per additional site)*</i>	\$ _____
<b>2.</b>	<b>Optional Hospice Guidance Line (Fraud Hotline) (\$100.00)</b>	\$ _____
	<b>2 a.</b> <i>Additional Guidance Line service (\$75.00 per additional site, Includes the additional base membership)**</i>	\$ _____
<b>Total</b>		\$ _____

\*This \$50 discount is available to CHO members only.

\*Contact information is required for each "additional site." Please include Name, Title, Address, Telephone, Fax and Email address for each additional site on a separate page.

**Colorado Hospice Organization  
PO Box 50888  
Colorado Springs, CO  
719.594.9233**