



A Public Entity

INLAND EMPIRE HEALTH PLAN



To: San Bernardino County PCPs
From: IEHP – Provider Relations
Date: August 13, 2015
Subject: Community Clinic Association Symposium – September 17th

The Community Clinic Association of San Bernardino County (CCASBC) is holding its 4th Annual Symposium and Conference “Whole Health: Engagement and Innovation 2015 and Beyond” on September 17th from 8:00 am to 5:00 pm at the Doubletree Hotel in Ontario. The Symposium and Conference will focus on innovative practices and collaborative efforts currently underway in the region. Topics will include whole and integrated health as well as current innovations in population health, behavioral and mental health, the healthcare workforce, telehealth regional metrics and data for decision making and efforts to address the social, oral health and overall wellness of the communities in the greater Inland Empire.

IEHP will sponsor 2 provider registrations for this year’s CCASBC Symposium and Conference. If you would like to participate in the drawing, please fill out the attached entry form and fax to our IEHP Provider Relations Team at (909) 296-3550 by **Wednesday, August 19th**. We will notify the winners by **Friday, August 21st**.

Early Bird Registration at a rate of \$150 for the CCASBC 4th Annual Symposium and Conference ends on August 31st. Please register at:

<https://www.eventbrite.com/e/ccasbcs-4th-annual-symposium-and-conference-tickets-17501688020>

For more information, submit questions through the link above, selecting the Contact Community Clinic Associate, SBC option towards the bottom of the page.

Inland Empire Health Plan
2015 Community Clinic Association Symposium
Registration Sponsorship Entry Form

In order to participate in the drawing for a sponsored registration to the 2015 Community Clinic Association Symposium, please complete this entry form and fax it to IEHP Provider Relations Team at **(909) 296-3550** by **Wednesday, August 19th**.

PLEASE PRINT:

Provider First and Last Name:		Provider ID:
Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	E-mail Address: