



Complete and return one form and dues payment per parent office. Please list branch locations in the space provided.

### Hospice Information

<b>Hospice Name</b>	
<b>Hospice Location</b>	

<b>Branch Name</b>		<b>Branch Name</b>	
<b>Branch Location</b>		<b>Branch Location</b>	
<b>Branch Phone</b>		<b>Branch Phone</b>	

### Dues Calculation and Payment Information

Please use aggregate patient totals for parent location plus branches.

<b>Total Patients Admitted in 2010</b>		<b>Per Patient Assessment</b>		<b>2011 THO Dues Amount*</b>
	<b>X</b>	<b>\$4.00</b>	<b>=</b>	

*\*THO by-laws require an annual minimum dues amount of \$300 and a maximum of \$3,000.*

Make checks payable to Tennessee Hospice Organization and return with a copy of this completed form to the address below. Payment and information should be submitted by June 30, 2011.

**Tennessee Hospice Organization**  
500 Interstate Boulevard, South  
Nashville, TN 37210-4634

### Contact Information

To better serve you, please provide the requested contact information below. This information will be used only by THO and will not be shared with outside entities.

Title	Name	E-mail	Phone
<b>Administrator</b>			
<b>Chaplain</b>			
<b>Clinical Director</b>			
<b>Medical Director</b>			
<b>Volunteer Director</b>			

Questions? Contact Mike Dietrich or Joe Burchfield with THO at 1-800-258-9541.