

## **“Financial Implications of Going Green; It is all Good”**

NJ HFMA Education Committee, Sue Bonfield, Esq, & John B. Reiss, PhD, JD, Co-Chairs

### **Thursday, March 26, 2009 at the Woodbridge Hilton**

120 Wood Avenue South, Iselin, NJ 08830

For directions see <http://www.hiltonwoodbridge.com/#>

<b>Registration and Dinner</b>	<b>6:00 PM – 6:30 PM</b>
<b>Presentation</b>	<b>6:30 PM – 8:45 PM</b>
<b>Questions/Wrap-up</b>	<b>8:45 PM – 9:00 PM</b>

What can healthcare leaders do to contain or reduce their energy costs, make both their facilities and operations greener, and continue to be good environmental stewards in our fragile ecosphere? NJ HFMA and ACHE-NJ is proud to present a program geared to understanding the key aspects of energy consumption and conservation with an eye towards fiscal conservation.

As part of this presentation, you will learn how several NJ hospitals have instituted programs to reduce energy costs while attaining a sustainable care environment. Topics to be discussed include:

- Procurement of Natural Gas and Electricity
- PJM Demand Response Program
- Energy Efficiency & Energy Conservation
- Renewable Energy, including Solar PV, SRECs, and Power Purchase Agreements
- LEED & Building Commissioning
- Greenhouse Gases

Attendees will learn how a comprehensive Energy Master Plan will allow a healthcare facility to institute best energy practices and sustainable design principles for its facilities, which will result in reduced energy costs and improved facility assets. ##

Moderator: Robert Gerard, Chief Marketing Officer, Birdsall Services Group

Dan Swayze, Chief Operating Officer, Birdsall Services Group

Joe Santo, Chief Procurement Officer, Premier Energy Group

Robert Peake, Director Facilities & Construction, Atlantic Health

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Who should attend?

Chief Executive Officers, Chief Financial Officers, Chief Facilities Officers, and all staff who are directly impacted by the use of sustainable energy.

#### **NEW JERSEY BOARD OF ACCOUNTANCY CONTINUING PROFESSIONAL EDUCATION CREDITS**

Based on our understanding of the New Jersey State Board of Accountancy’s continuing professional education (CPE) requirements, Sponsor No. 185, this course will qualify for 3.0 CPE credits in Specialized Knowledge.

#### **AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES CATEGORY II CONTINUING EDU. CREDIT**

The New Jersey Chapter of the Healthcare Financial Management Association is authorized to award 2 hours of pre-approved Category II (non-ACHE) continuing education credit for this program toward advancement, or recertification in the American College of Healthcare Executives. Participants in this program wishing to have the continuing education hours applied toward Category II credit should indicate their attendance when submitting application to the American College of Healthcare Executives for advancement or recertification.

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**REGISTRATION IS ALSO AVAILABLE ONLINE: [www.hfmanj.org](http://www.hfmanj.org)**

Please register the following participants:

NAME	ORGANIZATION	TITLE	MEMBER HFMA, ACHE or NONMEMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FEE:	ADVANCE REGISTRATION - MEMBERS.....	\$ 65.00
	ADVANCE REGISTRATION - NON-MEMBERS.....	\$ 95.00
	ADVANCE REGISTRATION - CERTIFIED MEMBERS (HFMA, CHFP).....	\$ 45.00
	STUDENT REGISTRATION .....	\$ 35.00
	ON-SITE REGISTRATION – ON “SPACE AVAILABLE” BASIS.....	<b>\$25 ADDITIONAL CHARGE</b>

**REGISTRATION INFORMATION:**

- Make checks payable to **HFMA - NJ CHAPTER**, and please mail at least **10 days prior to the event**.
- Registration must be received **three working days prior to the event**, by mail or by fax.
- **REFUNDS WILL BE GRANTED ONLY IF CANCELLATION IS RECEIVED 48 HOURS PRIOR TO THE MEETING.**
- Dress is **Business Casual**
- Mail payment to: HFMA – NJ Chapter  
 Laura Hess  
 PO Box 6422  
 Bridgewater, NJ 08807
- To fax your registration and reserve a seat, please **fax form to (908) 722-8775**
- Phone number for questions is **(888) NJC-HFMA**
- If paying by **CREDIT CARD**, please complete:  
 Please circle card type: American Express    Visa    MasterCard  
 Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Name on Card\*: \_\_\_\_\_  
*\*Type/write in your name which will be taken as your signature authorizing the charge.*

