

# The 3rd Annual NJ ASC Review

**Mark Manigan** *Program Chair*

A timely seminar on the latest regulatory and business developments affecting the New Jersey ambulatory surgery centers. This seminar provides an opportunity for more than 300 national and statewide ASC leaders to come together and discuss the latest and hottest issues affecting the industry.

**Wednesday | April 27, 2011**

**8:00 – 9:00 a.m.**

**Registration and Networking Breakfast**

**9:00 – 4:00 p.m.**

**Program**

**4:00 – 6:00 p.m.**

**Networking Cocktail Reception**

**The Palace at Somerset Park  
Somerset, NJ**

**Registration fee: \$225**



A full-day program followed by a networking cocktail reception offering presentations and panel discussions by industry leaders on the latest ASC developments.

- What is Your ASC Worth?
- Latest Regulatory Developments from Washington and Trenton
- ASC Mergers, Acquisitions and Consolidations
- Key Insights from New Jersey Insurance Industry Leaders
- Hospitals Getting Into the Game
- Analysis from Key New Jersey Government Officials
- PIP, Out-of-Network and Other Reimbursement Issues

To register please contact Alan Levine  
at [alevine@bracheichler.com](mailto:alevine@bracheichler.com) or  
973.364.8389

**BrachEichler L.L.C.**  
C O U N S E L L O R S   A T   L A W

# The 3rd Annual NJASC Review

April 27, 2011

The Palace at  
Somerset Hills

*Somerset, NJ*

*A registration form is required for  
each attendee. Please photocopy for  
multiple registrants.*

|                      |       |
|----------------------|-------|
| Name/Title           | _____ |
| Company/Organization | _____ |
| Mailing Address      | _____ |
| E-mail               | _____ |
| Phone                | _____ |
| Fax                  | _____ |

**Payment options: Registration is \$225 in advance or \$250 at the door**

**Payment by check** – *All checks should be made payable to Brach Eichler L.L.C.*

A check for \$\_\_\_\_\_ is enclosed       Check to follow

### Payment by credit card

Name (as it appears on card) \_\_\_\_\_

Credit Card Billing Address (Street, City/Town, State, Zip Code) \_\_\_\_\_

Card type \_\_\_\_\_

Card # \_\_\_\_\_ CVC code \_\_\_\_\_

Amount \_\_\_\_\_ Expiration date \_\_\_\_\_

Please return this completed registration form with  
either check or credit card payment information to  
**Alan Levine, Brach Eichler L.L.C.,**  
**101 Eisenhower Parkway, Roseland NJ 07068**  
**by April 22, 2011 to guarantee registration.**

*For additional information or  
questions, please contact Alan Levine:*  
**alevine@bracheichler.com**  
**P: 973.364.8389**  
**F: 973.618.5989**

**BrachEichler L.L.C.**  
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