South Florida Hospital News and Healthcare Report

THE REGION'S MONTHLY NEWSPAPER FOR HEALTHCARE PROFESSIONALS & PHYSICIANS

August Meeting
South Florida Healthcare Networking Group
Plan to attend this event on
Thursday, August 18, 2022
at 5:00pm

My PSYCHIATRIST
We Are Here to Help

You are invited to the monthly meeting of the
South Florida Healthcare Networking Group (SFHNG)
Presented by the *South Florida Hospital News and Healthcare Report*
Sponsored by
South Florida Healthcare Executive Society
South Florida Hospital and Healthcare Association

My Psychiatrist Is Hosting An Evening Happy Hour
Location:
My Psychiatrist Office
7200 W Camino Real, Suite 201
Boca Raton Fl 33433
Thursday, August 18, 2022, from 5:00pm to 7:00pm
Attendance will be limited to the first 30 paid reservations
No Walk – In's

Meet the Leadership of My Psychiatrist

Dr. Howard Schwartz, President of My Psychiatrist
Dr. Peter Ventre, Founder of Ventre Medical

Who should attend:
Healthcare Professionals, Hospital Executives and Department Heads, Insurance Providers, Attorneys and Accountants. Home Care and Nursing Home Administrators Physicians, Nurses, Healthcare Students, University and Allied Health School Professionals, Suppliers of Products and Services to the Healthcare Community

Click Here for Directions

Cost:
$25 per person - includes admission to the event and wine and appetizers. Due to limited space, advance reservations and advance payment are required. American Express, Mastercard and Visa are accepted. Please complete the reservation form below and email to charles@southfloridahospitalnews.com or fax to 561-368-6978.

SPACE IS LIMITED TO THE FIRST 30 PAID RESERVATIONS ONLY

RESERVATION FORM

MEETING AUGUST 18, 2022

For Credit Card Processing
FAX Reservation to: 561-368-6978 or
Email: charles@southfloridahospitalnews.com
or
Mail a copy of the Reservation Form and a check to:
South Florida Hospital News and Healthcare Report
PO Box 812708
Boca Raton, FL 33481-2708

NAME_____

COMPANY_____

TITLE _____

Company Address _____

City _____ State _____ Zip _____

EMAIL ADDRESS _____

Office Phone _____ Cell Phone _____

Credit card Information:

Name on Card:_____

Billing Address:_____

City:_____ State:_____ Zip:_____

PLEASE CHARGE MY CREDIT CARD: MASTERCARD / VISA / AMEX (circle one)

No._____ Exp. _____

Security Code: _____

Signature: _____

Phone:_____

TOTAL AMOUNT: $_____

Paid Reservations are non-refundable.
For questions or more information on this program, please call 561-368-6950 or email charles@southfloridahospitalnews.com