Remaining Independent Through Turbulent Times
Controlling the Future of Your Practice

You’re Invited to a Free Dinner Seminar

Faced with mounting costs, declining reimbursement, and increased complexity brought on by the Affordable Care Act, a growing number of physicians are feeling pressured to give up on private practice. While being employed by a large hospital or network may be the right choice for some, many are seeking other options for survival.

Please join The Medical Society of the State of New York and your colleagues at this exclusive dinner event where we’ll discuss what it takes to stay independent and in control of your fate. You’ll learn how cloud-based services can help you:

- Run a lean, high-performing medical group
- Navigate changes from the ACA and other industry challenges
- Get paid more and capture available incentives
- Connect and clinically integrate with hospitals and other partners

Join us on October 15th at 6:00 p.m.

Rooney’s Restaurant
90 Henrietta St • Rochester, NY 14620

6:00 p.m.  Registration, Cocktails
6:30 p.m.  Presentation and Dinner
7:30 p.m.  Questions and Networking

Register today:
- Fax registration form on back to 888.864.4427
- E-mail information on form to mpartridge@athenahealth.com

This is a private event by invitation only, seating is limited.
Rooney’s Restaurant • Rochester, NY  
Wednesday, October 15, 2014 • 6:00 p.m.

This complimentary dinner discussion is invitation-only. Seating is limited. To register to attend, please fax this form to 888.864.4427. Or e-mail mpartridge@athenahealth.com with the information below.

*This event is for Physicians, Office Managers/Practice Administrators and Practice Owners Only.*

Registration Form

[ ] Yes, I plan to attend; please see the information below  
[ ] Unfortunately, I cannot attend; but I am interested in learning more about athenahealth  

Number of attendees: _____________________________________________

Full name: _______________________________________________________

Title: ___________________________________________________________

Practice name: ___________________________________________________

Phone number: ___________________________________________________

E-mail address: ___________________________________________________

Specialty: _______________________________________________________

Number of physicians in your practice: ________________________________

Additional Attendee Information

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