



Missouri Health Care Association

## 2019 Facility Involvement Contest

*Held during the 2019 Mid-Year Conference*

March 5, 2019

Capitol Plaza Hotel  
Jefferson City, MO

### Entry Form

Facility Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Name of person(s) who created the entry:

\_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Name

\_\_\_\_\_

Title

Indicate the category(ies) you will be entering in:      Color      Black and White

Did any residents help in the creation of your entry?     Yes     No

**Return this form to:**

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Email: [teresa@mohealthcare.com](mailto:teresa@mohealthcare.com)