

**Post Acute Care Constituency Section E-Mail Update Form**

In order to be included in email updates from the Post Acute Care Constituency Section, please complete the form below. Indicate your area of responsibility and the designated contact person for the Illinois Hospital Association Post Acute Care Section. You may "unsubscribe" from this email listing at any time.

Home Care

Long Term Care

Rehabilitation

Name \_\_\_\_\_

Title \_\_\_\_\_

Hospital \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

***Please return to:  
Secretary - Dept. of Health Policy & Regulation  
Illinois Hospital Association  
1151 East Warrenville Road, P.O. Box 3015  
Naperville, IL 60566***