



PRN Advisors  
pmadvisors.com



# Remaining Independent In Today's Turbulent Times

## Deciding on the Future of Your Practice

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### You're Invited to a Free Dinner Seminar

Many are feeling the growing pressure to give up their practices to become employed by a larger hospital or network. There are other options to survive and succeed. Despite what you might think, remaining independent might leave you in a better position financially and personally.

Please join us for a complimentary dinner seminar, hosted by athenahealth, a leading provider of cloud-based services for EHR, practice management and care coordination, and featuring guest speaker, Jonathan Friedman, MBA, CPC, founder and president of PRN Advisors. This exclusive event will enable you to:

- Learn how to position your practice to financially succeed
- Utilize technology to leverage your practice
- Understand the various payment methodologies in simple terms
- Connect and integrate with hospitals and other entities

Mr. Friedman is known as one of the visionary innovators in healthcare serving as advisor to many top tier investment banks in healthcare. He will share insights from his experience and explain why he is directing healthcare leaders and investors away from consolidated organizations to the independent practice.



**Join us on May 28th at 6:00 p.m.**

**Ruth's Chris Garden City**  
**600 Old Country Road • Garden City, NY 11530**

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

This is a private event by invitation only, seating is limited.

# Dinner Seminar Registration Form

CONSULTANT-GARDEN CITY-5-28

## Ruth's Chris Garden City • Garden City, NY Thursday, May 28, 2015 • 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.**

**\*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

Full Name	Title	Email Address	Phone #
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Full Name	Title	Email Address	Phone #
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Full Name	Title	Email Address	Phone #
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