

**Hospice and Palliative Care
Council of Vermont**

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January 21, 2013

Dear Hospice & Palliative Care Council of Vermont-- Members and Future Members,

Happy New Year! Thank you for being part of HPCCV, a unique coalition of Medicare certified hospices, volunteer hospices, palliative care programs, veterans programs, and associated groups. HPCCV is committed to assuring access to high quality end of life care to all Vermonters who need it. Our HPCCV Goals are to--

- * Provide statewide professional education & peer support for Hospice & Palliative Care staff
- * Promote community education concerning Hospice & Palliative Care values & best practices
- * Support our Hospice Partner in Tanzania, through the Foundation for Hospices in Africa and to
- * Provide a Voice in the Vermont Legislature on Hospice & Palliative care issues.

2013 promises to be an exciting year for HPCCV, featuring our 22nd Annual Conference, on June 6, 2013 at the Lake Morey Resort, with keynote speaker DHMC's Ira Byock, MD speaking on "The Best Care Possible—A Framework for Clinical & Cultural Transformation." Nurses, physicians, social workers, volunteer coordinators, and bereavement counselors will meet to network and brainstorm within their disciplines the day before the conference. Volunteers and members of the public will join over 200 people gathered to improve the care of the ill, the dying and the bereaved in our communities.

It is time to renew your membership, and the form is included below, fees are the same as last year. The www.HPCCV.org website features Members and Associate Members for ease in referrals, information and contacts.

Thank you for your work and continued support of the HPCCV and excellent end of life care and bereavement care in all of our communities.

Virginia L. Fry, Director

director@hpccv.org

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Enclosed is our HPCCV Membership Fee for 2013:

Home Health/ Hospices = \$600 += \$2/per hospice patient in 2012= _____

*Volunteer Hospices = \$300-\$500 Name _____

Associate Members = \$300 Address _____

Email if New _____ Fee = _____

Please send check to: Hospice & Palliative Care Council of Vermont

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THANK YOU!

*Budgets under \$100,000 = \$300, \$100,000-200,000 = \$400, \$200,000 and up = \$500