

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or Print all Information Clearly:

Name: Elizabeth Collins Work Phone No. 603-271-8181

First Middle Last

Work Address: 129 Pleasant Street, Thayer Building, Concord, NH 03301

Office/Appointment/Employment held: Administrator III

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

Source of Honorarium or Expense Reimbursement:

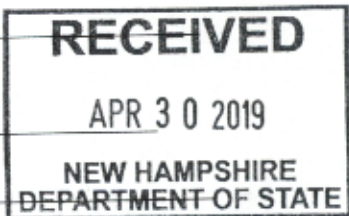
Name of source:

First Middle Last

Post Office Address:

Occupation:

Principal Place of Business:



If source is a Corporation or other Entity:

Name of Corporation or Entity: Association of Maternal Child Health Programs (AMCHP)

Name of Corporate/Entity Representative: Paige Bussanich

Work Address of Representative:

2030 M Street NW, Suite 350, Washington, DC 20036

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00

Value of Honorarium: _____ Date Received: _____ *If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.* Exact Estimate

Expenses paid: Airfare = \$445; Hotel = \$300, Ground Travel - \$91; Per Diem = \$244.50
Total = \$1080.50

Value of Expense Reimbursement: \$244.50 Date Received: airfare and hotel paid directly the rest to be reimbursed April 2019 A copy of the agenda or an equivalent document must be attached to this filing.

X Exact Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

This training was funded by our federal funder to AMCHP as the organizer the purpose of this training was to acquire knowledge and skills that will support efforts to support equity in services for children with Autism and other Developmental Disabilities.

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

[Signature] 4/27/19
Signature of Filer Date Filed

9/07

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301

Please complete the following information on the filing person.

**2019 Peer-to-Peer Exchange: Using Data and Quality Improvement
to Advance Health Equity**

April 16 – 17, 2019

MEETING AGENDA

The Edgewater Hotel, Madison, WI

Meeting Room TBD

Virtual Participant AdobeConnect Link: TBD

Call-In Information: TBD

Day One: Tuesday, April 16, 2019

8:00 – 8:30 am	Registration & Networking Breakfast
8:30 – 9:00 am	Welcome, Introductions and Overview of Agenda*
9:00 – 10:00 am	Wisconsin Team Intro & Presentation* <i>Current WI efforts</i>
10:00 – 10:10 am	Break
10:10 – 11:30 am	Presentation #1
11:30 – 12:30 pm	Gallery Walk/Lunch <i>Attendees to eat lunch and view state posters at their leisure during lunch, documenting questions they have for states as they view posters around the room.</i>
12:30 – 1:00pm	Gallery Walk Discussion <i>States to recap posters and answer questions posed by attendees</i>
1:00 – 1:15 pm	Break
1:15 – 2:30 pm	Panel #1
2:30 – 2:40 pm	Break
2:40 – 4:15 pm	Presentation #2
4:15 – 4:30 pm	Report Out / Wrap Up /Preview of Day 2

**indicates virtual participants can listen or participate in some or all of the activity*

SPHARC

State Public Health Autism Resource Center

UNIVERSITY of WISCONSIN-MADISON



WAISMAN CENTER

Dedicated to advancing knowledge about human development, developmental disabilities, and neurodegenerative diseases

Day Two: Wednesday, April 18, 2018

8:00 - 8:30 am	Breakfast/Day 2 Activity
8:30 - 10:30 am	State Team Action Planning
10:30 - 10:40 am	Break
10:40 - 11:40 am	Panel #2
11:40 - 12:00pm	Wrap-up and Next Steps

REF

**indicates virtual participants can listen or participate in some or all of the activity*