

COMMITTEE ON ETHICS

EMPLOYEE POST-TRAVEL DISCLOSURE FORM ☒ Original ☐ Amendment

This form is for disclosing the receipt of travel expenses from private sources for travel taken in connection with official duties. This form does not eliminate the need to report privately-funded travel on the annual *Financial Disclosure Statements* of those employees required to file them. In accordance with House Rule 25, clause 5, **you must complete this form and file it with the Clerk of the House by email at gifttravelreports@mail.house.gov, within 15 days after travel is completed.** Please **do not** file this form with the Committee on Ethics.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

1. Name of Traveler: Sarah Skirmont
2. a. Name of Accompanying Relative: _____ **OR** ☐ None
b. Relationship to Traveler: ☐ Spouse ☐ Child ☐ Other (specify): _____
3. a. Dates: Departure: April 21, 2025 Return: April 23, 2025
b. Dates at Personal Expense, if any: _____ **OR** ☐ None
4. Departure City: Washington D.C. Destination: Nashville, TN Return City: Washington, D.C.
5. Sponsor(s), Who Paid for the Trip: Federation of American Hospitals (FAH)
6. Describe Meetings and Events Attended: Delegation toured three hospitals to hear directly from hospital administrators, physicians and nurses about providing care in rural areas, as well as providing post-acute rehabilitation, and how to operate and provide advanced pediatric care in a growing city.
7. Attached to this form are **each** of the following, *signify that each item is attached by checking the corresponding box:*
 - a. ☐ a completed *Sponsor Post-Travel Disclosure Form*;
 - b. ☐ the *Primary Trip Sponsor Form* completed by the trip sponsor **prior** to the trip, **including all** attachments **and** the *Additional Sponsor Form(s)*;
 - c. ☒ page 2 of the completed *Traveler Form* submitted by the employee; **and**
 - d. ☐ the letter from the Committee on Ethics approving my participation on this trip.
8. a. ☐ I represent that I participated in each of the activities reflected in the attached sponsor's agenda. *Signify statement is true by checking the box.*
b. If not, explain: _____

I certify that the information contained on this form is true, complete, and correct to the best of my knowledge.

Signature of Traveler: *Sarah Skirmont* Date: 5/7/25

I authorized this travel in advance. I have determined that all of the expenses listed on the attached *Sponsor Post-Travel Disclosure Form* were necessary and that the travel was in connection with the employee's official duties and would not create the appearance that the employee is using public office for private gain.

Name of Supervising Member: Linda T. Sanchez Date: 5/6/2025

Signature of Supervising Member: *Linda T. Sanchez*

COMMITTEE ON ETHICS

SPONSOR POST-TRAVEL DISCLOSURE FORM

☒ Original ☐ Amendment

This form must be completed by an officer of any organization that served as the primary trip sponsor in providing travel expenses or reimbursement for travel expenses to House Members, officers, or employees under House Rule 25, clause 5. **A completed copy of the form must be provided to each House Member, officer, or employee who participated in the trip within 10 days of their return.** You must answer all questions, and check all boxes, on this form for your submission to comply with House Rules and the Committee's Travel Regulations. Failure to comply with this requirement may result in the denial of future requests to sponsor trips and/or subject the current traveler to disciplinary action or a requirement to repay the trip expenses.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

1. Sponsor(s) who paid or provided in-kind support for the trip: Federation of American Hospitals (FAH)
2. Travel Destination(s): Nashville, TN
3. Date of Departure: April 21, 2025 Date of Return: April 23, 2025
4. Name(s) of Traveler(s): See attached.

Note: You may list more than one traveler on a form only if *all* information is *identical* for each person listed.

5. **Actual amount** of expenses paid on behalf of, or reimbursed to, each individual named in Question 4:

	Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses	Total Other Expenses (dollar amount per item and description)
Traveler	\$535 air and ground, inclusive of taxes/fees	\$434 plus taxes	\$235 plus taxes	
Accompanying Family Member				

6. ☒ All expenses connected to the trip were for actual costs incurred and not a *per diem* or lump sum payment.
Signify statement is true by checking box.

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: Adam Broder Date: April 28, 2025

Name: Adam Broder Title: SVP, External Affairs

Organization: Federation of American Hospitals

☒ **I am an officer of the above-named organization. Signify statement is true by checking box.**

Address: 750 9th Street, NW, Suite 600, Washington, DC 20001

Telephone: 202-624-1526 Email: abroder@fah.org

Committee staff may contact the above-named individual if additional information is required.

If you have questions regarding your completion of this form, please contact the Committee on Ethics at 202-225-7103.

COMMITTEE ON ETHICS

TRAVELER FORM

This form should be completed by House Members, officers, or employees seeking Committee approval of privately-sponsored travel or reimbursement for travel under House Rule 25, clause 5. The completed form should be submitted directly to the Committee by each invited House Member, officer, or employee, together with the completed and signed trip sponsor form(s) and any attachments. A copy of this form, minus this initial page, will be made available for public inspection.

This form and any attachments may be submitted at 1015 Longworth House Office Building or travel.requests@mail.house.gov.

Your completed request must be submitted to the Committee no less than 30 days before your proposed departure date. Absent exceptional circumstances, permission will not be granted for requests received less than 30 days before the trip commences. **You must receive explicit approval from the Committee before you depart on this trip.**

Name of Traveler: Sarah Skirmont

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

I certify that the information contained on both pages of this form is true, complete, and correct to the best of my knowledge.

Signature: Sarah Skirmont

Name of Signatory (if other than traveler): _____

For Staff (name of employing Member or Committee): Rep. Linda T. Sanchez

Office Address: 2309 Rayburn House Office Building, Washington D.C. 20515

Telephone Number: 202-225-6676

Email Address of Contact Person: sarah.skirmont@mail.house.gov

☐ Check this box if the sponsoring entity is a media outlet, the purpose of the trip is to make a media appearance sponsored by that entity, and these forms are being submitted to the Committee less than 30 days before the trip departure date.

NOTE: You must complete all of the contact information fields above, as Committee staff may need to contact you if additional information is required.

KEEP A COPY OF THIS FORM. Page 2 (but not this page) must be submitted to the Clerk as part of the post-travel disclosure required by House Rule 25. Travel Regulation § 404(d) also requires you to keep a copy of all request forms and supporting paperwork for three subsequent Congresses from the date of travel.

If there are any questions regarding this form, please contact the Committee on Ethics at 202-225-7103
or via email: travel.requests@mail.house.gov.

COMMITTEE ON ETHICS

TRAVELER FORM

1. Name of Traveler: Sarah Skirmont
2. Sponsor(s) who will be paying or providing in-kind support for the trip: Federation of American Hospitals
3. City and State **OR** Foreign Country of Travel: Nashville, Tennessee
4. a. Date of Departure: April 21, 2025 Date of Return: April 23, 2025
b. Yes ☐ No ☒ Will you be extending the trip at your personal expense?
If yes, list dates at personal expense: _____
5. a. Yes ☐ No ☒ Will you be accompanied by a family member at the sponsor's expense? **If yes:**
(1) Name of Accompanying Family Member: _____
(2) Relationship to Traveler: ☐ Spouse ☐ Child ☐ Other (specify): _____
(3) Yes ☐ No ☐ Accompanying Family Member is at least 18 years of age?
6. a. Yes ☒ No ☐ Did the trip sponsor answer "Yes" to Question 8(c) on the *Primary Trip Sponsor Form* (i.e., travel is sponsored by an entity that employs a registered federal lobbyist or a foreign agent)?
b. **If yes, and you are requesting lodging for two nights, explain why the second night is warranted:**
The proposed itinerary includes approximately 12 hours of programming in a single day, which includes travel to and from three hospital facilities and an educational/networking dinner in the evening. Among the objectives for this trip is to assist policy makers in understanding the breadth and diversity of policy issues facing tax-paying hospitals and healthcare systems which can vary depending on geographic location and populations served. A second night will allow participants to gain a complete picture of relevant policy areas.
7. Yes ☒ No ☐ *Primary Trip Sponsor Form* is attached, including agenda, invitation, invitee list, and any other attachments and Additional Sponsor Forms.
NOTE: The agenda should show the traveler's individual schedule, including departure and arrival times and identify the specific events in which the traveler will be participating.
8. Explain why participation in the trip is connected to the traveler's individual official or representational duties. **Staff should include their job title and how the activities on the itinerary relate to their duties.**
As Senior Legislative Assistant, I was chosen to participate in this trip due to Congresswoman Sanchez's involvement in shaping federal health care policy on the Health subcommittee on the House Ways and Means Committee, as well as to grow my understanding of the challenges and opportunities for multiple patient populations, and for the hospitals that care for them.
9. Yes ☐ No ☒ **Is the traveler aware of any registered federal lobbyists or foreign agents involved in planning, organizing, requesting, or arranging the trip?**
10. For staff travelers, to be completed by your employing Member:

ADVANCED AUTHORIZATION OF EMPLOYEE TRAVEL

I hereby authorize the individual named above, an employee of the U.S. House of Representatives who works under my direct supervision, to accept expenses for the trip described in this request. I have determined that the above-described travel is in connection with my employee's official duties and that acceptance of these expenses will not create the appearance that the employee is using public office for private gain.

Signature of Employing Member: _____

Theresa J. Sanchez

Date: 3/21/2025

COMMITTEE ON ETHICS

PRIMARY TRIP SPONSOR FORM

This form should be completed by private entities offering to provide travel or reimbursement for travel to House Members, officers, or employees under House Rule 25, clause 5. A completed copy of the form (and any attachments) should be provided to each invited House Member, officer, or employee, who will then forward it to the Committee together with a *Traveler Form* **at least 30 days before the start date of the trip**. The trip sponsor should *NOT* submit the form directly to the Committee. The Committee's website (ethics.house.gov) provides detailed instructions for filling out the form. The Committee will notify the House invitees directly of its decision and will not notify the trip sponsors.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001. Failure to comply with the Committee's Travel Regulations may also lead to the denial of permission to sponsor future trips. Signatures must comply with section 104(bb) of the Travel Regulations.

1. Sponsor who will be paying for the trip:

Federation of American Hospitals

2. ☒ I represent that the trip will not be financed, in whole or in part, by a registered federal lobbyist or foreign agent. *Signify that the statement is true by checking box.*

3. **Check only one.** I represent that:

- a. ☒ The primary trip sponsor has not accepted from any other source, funds intended directly or indirectly to finance any aspect of the trip; **OR**
- b. ☐ The trip is arranged without regard to congressional participation and the primary trip sponsor has accepted funds only from entities that will receive a tangible benefit in exchange for those funds; **OR**
- c. ☐ The primary trip sponsor has accepted funds, services, or in-kind assistance from other source(s) intended directly or indirectly to finance all or part of this trip and has enclosed disclosure forms from each of those entities.

If "c" is checked, list the names of the additional sponsors: _____

4. Provide names and titles of **ALL** House Members *and* employees you are inviting. **For each House invitee, provide an explanation of why the individual was invited** (include additional pages if necessary): See additional attachment.

5. Yes ☐ No ☒ Is travel being offered to an accompanying family member of the House invitee(s)?

6. Date of Departure: April 21, 2025 Date of Return: April 23, 2024

7. a. City of departure: Washington, DC

b. Destination(s): Nashville, TN

c. City of return: Washington, DC

8. **Check only one.** I represent that

- a. ☐ The sponsor of the trip is an institution of higher education within the meaning of section 101 of the Higher Education Act of 1965; **OR**
- b. ☐ The sponsor of the trip does not retain or employ a registered federal lobbyist or foreign agent; **OR**
- c. ☒ The sponsor employs or retains a registered federal lobbyist or foreign agent, but the trip is for attendance at a one-day event *and* lobbyist / foreign agent involvement in planning, organizing, requesting, or arranging the trip was *de minimis* under the Committee's travel regulations.

9. **Check only one of the following.**

- a. ☐ I checked 8(a) or (b) above; **OR**
b. ☐ I checked 8(c) above but am not offering any lodging; **OR**
c. ☐ I checked 8(c) above and am offering lodging and meals for one night; **OR**
d. ☒ I checked 8(c) above and am offering lodging and meals for two nights. If you checked this box, explain why the second night of lodging is warranted. To accommodate the travel required to visit a rural hospital, the program schedule will run from 8:00 AM until the evening.
As a result, same-day travel to or from Washington, DC, is unlikely to be feasible.

10. ☒ Attached is a detailed agenda of the activities House invitees will be participating in during the travel (i.e., an hourly description of planned activities for trip invitees). *Indicate agenda is attached by checking box.*

11. **Check only one of the following.**

- a. ☒ I represent that a registered federal lobbyist or foreign agent will not accompany House Members or employees on any segment of the trip. *Signify the statement is true by clicking the box;* **OR**
b. ☐ *Not Applicable.* Trip sponsor is a U.S. institution of higher education.

12. For **each** sponsor required to submit a sponsor form, describe the sponsor's interest in the subject matter of the trip **and** its role in organizing and/or conducting the trip:

FAH seeks to provide an engaging and educational opportunity for Hill staff from leadership, key committees of jurisdiction, and select Member offices. The trip will offer participants a first-hand, in-depth look at how three FAH member hospitals provide quality, 24/7 care in rural and urban settings, and the opportunity to learn about the real-world impact that current and proposed policies in front of Congress have on patient care, workforce and staffing issues, and incorporating technology and other innovations. FAH is the sole sponsor organizing the trip.

13. **Answer parts a and b. Answer part c if necessary:**

- a. Mode of travel: Air ☒ Rail ☐ Bus ☒ Car ☐ Other ☐ (specify: _____)
b. Class of travel: Coach ☒ Business ☐ First ☐ Charter ☐ Other ☐ (specify: _____)
c. If travel will be first class, or by chartered or private aircraft, explain why such travel is warranted:

14. ☒ I represent that the expenditures related to local area travel during the trip will be unrelated to personal or recreational activities of the invitee(s). *Signify that the statement is true by checking box.*

15. **Check only one.** I represent that either:

- a. ☐ The trip involves an event that is arranged or organized *without regard* to congressional participation and that meals provided to congressional participants are similar to those provided to or purchased by other event attendees; **OR**

- b. ☒ The trip involves events that are arranged specifically *with regard* to congressional participation. If "b" is checked:

1) Detail the cost *per day* of meals (approximate cost may be provided): Total cost for April 22 is \$275 including breakfast (\$50), lunch (\$75), and dinner (\$150). Breakfast (\$50) will be offered for April 23.

2) Provide the reason for selecting the location of the event or trip: Nashville is known as "Health Care City" as it is a growing hub for health care companies. Nashville is convenient for visiting several FAH member facilities in rural/urban areas.

16. Name, nightly cost, and reasons for selecting each hotel or other lodging facility:

Hotel Name: Hilton Nashville Downtown City: Nashville Cost Per Night: \$375 plus taxes

Reason(s) for Selecting: Location convenient for traveling in/out of city to visit FAH member facilities, and to dinner venue.

Hotel Name: _____ City: _____ Cost Per Night: _____

Reason(s) for Selecting: _____

Hotel Name: _____ City: _____ Cost Per Night: _____

Reason(s) for Selecting: _____

17. ☒ I represent that all expenses connected to the trip will be for actual costs incurred and not a per diem or lump sum payment. *Signify that the statement is true by checking the box.*

18. **Total Expenses for each Participant:**

☐ Actual Amounts ☒ Good Faith Estimates	Total Transportation Expenses per Participant	Total Lodging Expenses per Participant	Total Meal Expenses per Participant
For each Member, Officer, or Employee	\$600 plus taxes	\$375 per night plus taxes	\$325 plus taxes
For each Accompanying Family Member			

	Other Expenses (dollar amount per item)	Identify Specific Nature of "Other" Expenses (e.g., taxi, parking, registration fee, etc.)
For each Member, Officer, or Employee		
For each Accompanying Family Member		

19. **Check only one:**

- a. ☒ I certify that I am an officer of the organization listed below; **OR**
b. ☐ *Not Applicable.* Trip sponsor is an individual or a U.S. institution of higher education.

20. **I certify by my signature that**

- a. **I read and understand the Committee's Travel Regulations;**
b. **I am not a registered federal lobbyist or registered foreign agent; and**
c. **The information on this form is true, complete, and correct to the best of my knowledge.**

Signature: Adam Broder Date: March 13, 2025
Name: Adam Broder Title: SVP, External Affairs
Organization: Federation of American Hospitals
Address: 750 9th Street NW, Suite 600, Washington, DC 20001
Email: abroder@fah.org Telephone: 202-624-1526

If there are questions regarding this form, please contact the Committee on Ethics at 202-225-7103 or travel.requests@mail.house.gov.

Michael Guest, Mississippi
Chairman
Mark DeSaulnier, California
Ranking Member

John H. Rutherford, Florida
Andrew R. Garbarino, New York
Ashley Hinson, Iowa
Nathaniel Moran, Texas

Deborah K. Ross, North Carolina
Glenn F. Ivey, Maryland
Sylvia R. Garcia, Texas
Suhas Subramanyam, Virginia



ONE HUNDRED NINETEENTH CONGRESS

U.S. House of Representatives

COMMITTEE ON ETHICS

Thomas A. Rust
Staff Director and Chief Counsel

Keelie Broom
Counsel to the Chairman

David Arrojo
Counsel to the Ranking Member

1015 Longworth House Office Building
Washington, D.C. 20515-6328
Telephone: (202) 225-7103
<https://Ethics.House.gov>

April 17, 2025

Ms. Sarah Skirmont
Office of the Honorable Linda Sánchez
2309 Rayburn House Office Building
Washington, DC 20515

Dear Ms. Skirmont:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Ethics hereby approves your proposed trip to Nashville, Tennessee, scheduled for April 21 to 23, 2025, sponsored by Federation of American Hospitals. We remind you that, because the trip sponsor employs a federal lobbyist, you may participate in officially-connected activity on one calendar day only.

You must complete an Employee Post-Travel Disclosure Form (which your employing Member must also sign) and file it, together with a Sponsor Post-Travel Disclosure Form completed by the trip sponsor, with the Clerk of the House within 15 days after your return from travel. As part of that filing, you are also required to attach a copy of this letter and both the Traveler and Primary Trip Sponsor Forms (including attachments) you previously submitted to the Committee in seeking pre-approval for this trip. If you are required to file an annual Financial Disclosure Statement, you must also report all travel expenses totaling more than \$480 from a single source on the "Travel" schedule of your annual Financial Disclosure Statement covering this calendar year. Finally, Travel Regulation § 404(d) also requires you to keep a copy of all request forms and supporting information provided to the Committee for three subsequent Congresses from the date of travel.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-7103.

Sincerely,

Michael Guest
Chairman

Mark DeSaulnier
Ranking Member

MG/MD:mc

Committee on Ethics
Sponsor Post-Travel Disclosure Form
Question 4(d): Names of Travelers

House

- **Cameryn Blackmore**
- **Patrick Dumas**
- **Jack Ganter**
- **Addison Porter**
- **Sequoia Ragland**
- **Sarah Skirmont**

Addendum to House Primary Trip Sponsor Form

9d. The proposed itinerary includes approximately 12 hours of programming in a single day, which includes travel to and from three hospital facilities and an educational/networking dinner in the evening. Among the objectives for this trip is to assist policy makers in understanding the breadth and diversity of policy issues facing tax-paying hospitals and healthcare systems, which can vary depending on geographic location and population served. To accommodate travel to and from a rural hospital located 60-80 minutes from the nearest airport in Nashville and to enable participants to gain a complete picture of the varied policy challenges facing U.S. hospitals, a second overnight stay is necessary. Based on the commercial flight schedule from DCA to BNA and additional ground travel time to reach the rural hospital, same-day travel to or from Washington is not feasible. A second night will allow participants to gain a complete picture of the relevant policy issues.

FAH Congressional Staff Delegation Trip
Itinerary & Travel Information
April 21 – 23, 2025

Dear Sarah,

FAH is honored to welcome you to the Nashville Congressional Staff Delegation Trip, April 21-23, 2025. As you prepare for this trip, we wanted to provide you with all the pertinent information to make this event a success.

You will find a detailed itinerary below and attached; please double check all information. Please note that dress is business casual for the entire trip. I recommend comfortable shoes as we will be standing and walking for the three facility tours.

All meals will be provided on Tuesday, April 22. Due to ethics restrictions, dinner on Monday evening is on your own. In addition to a restaurant in the hotel (reservation recommended), there are numerous options around the hotel and on Broadway, just up the street from the hotel.

Here are the key details:

Monday, April 21

3:35pmET

Depart DCA for BNA airport on Southwest Flight 2839

Southwest Confirmation Number: 4UMKSM

As a reminder, please check in 24 hours ahead of your scheduled flight.

Hallie Fuchs from the FAH will travel to Nashville with you.

4:40PMCT

Arrive at BNA

Hallie will escort you to baggage claim to retrieve any checked luggage and escort you to the Ground Transportation Pickup location.

Signature Transportation will transport you to the Nashville Hilton

5:15PMCT

Travel to Nashville Hilton (30 minutes to downtown)

121 Fourth Avenue, S

Nashville, TN 37201

[Hilton Nashville Downtown](#)

6:00PMCT

Check into Nashville Hilton

Nashville Hilton Confirmation Number: 3234051010

The FAH will cover your room and tax; a credit card will be required for incidentals

Kerry Price to greet attendees, assist with check-in and distribute breakfast vouchers

Tuesday, April 22

8:00 AM

Breakfast at Nashville Hilton
Vouchers provided for Market Street

8:30 AM

Depart for Tennova Healthcare – Clarksville (1.25 hours)

Attendees will learn about FAH history, legislative priorities, and member hospitals while on route to first facility tour.

10:00 AM

Hospital Tour #1 – Tennova Healthcare – Clarksville (1 hour)

Andrew Emery, CEO, and Doug Skrzyniarz, Community Health Systems (CHS) Vice President of Government Relations, to greet attendees in hospital lobby.

Attendees will tour the Tennova Clarksville facility and hear directly from hospital administrators, physicians, and nurses about providing care in a growing city outside of Nashville that serves a large rural population. Attendees are scheduled to visit a labor & delivery unit, cardiac catheter lab, and emergency department. Tennova Clarksville also serves a large military/veteran population due to nearby military bases, providing attendees with insights on how facilities partner with the VA and military communities to provide care.

11:20 AM

Depart for Nashville (1 hour drive)

1:00 PM

Working Lunch - Vanderbilt Stallworth Rehabilitation Hospital

Scott Peterson, CEO, and Andrew Baird, Encompass Health Senior Vice President of Public Policy, Legislation, and Regulations, to greet attendees and escort to Kirshner Room, 3rd Floor (45 minutes)

Attendees will be greeted by Vanderbilt Stallworth staff for a working lunch with the CEO, Medical Director, and others. Attendees will learn about Encompass Health and its federal legislative priorities, as well as the differences between an inpatient rehabilitation facility and other acute hospital facilities.

2:00 PM

Hospital Tour #2 - Vanderbilt Stallworth Rehabilitation Hospital (1 hour)

Attendees will tour the facility with the CEO and Medical Director, learning about post-acute rehabilitation care and the specific

challenges patients face in moving to a post-acute setting.

Attendees are scheduled to visit a gym with rehabilitation technology being used by patients and visit a nurses station to hear about care delivery.

3:15 PM

Depart for cross-town trip to third facility tour (10 minutes)

3:45 PM

Hospital Tour #3– TriStar Centennial Children’s Hospital (1 hour)

Attendees will be greeted at the door by HCA Healthcare staff.

Attendees will hear from administrators, physicians, nurses, and staff at a children’s hospital with a Level II NICU, a pediatric emergency room, a Level II trauma center, and other highly specialized pediatric services in the heart of downtown Nashville. The Children’s Hospital is part of TriStar Centennial Medical Center, a 741-bed comprehensive facility catering to individuals from the entire region. Attendees will see and hear first-hand how federal policy affects the hospital’s ability to operate and provide advanced pediatric care in one of the fastest growing cities in the country.

5:00 PM

Depart hospital for transportation to Nashville Hilton (20 minutes)

5:30–6:15 PM

Break for attendees at Nashville Hilton

6:15 PM

Depart Nashville Hilton (10 minutes)

Meet in hotel lobby for a short walk to dinner

6:30 PM

Dinner and Conversation

Friends in Low Places Bar & Honky Tonk

411 Broadway

Nashville, TN 37203

[Friends in Low Places Bar & Honky Tonk](#)

8:30 PM

Return to Nashville Hilton

Wednesday, April 23

5:15 AM

Depart for airport

Kerry Price and Signature Transportation will meet attendees in Nashville Hilton Lobby

7:15 AM

Depart BNA for DCA on Southwest flight 1600

10:00 AM ET

Arrive in DCA

We are looking forward to hosting you in Nashville. Should you have any questions or need any assistance during the trip, please feel free to contact the FAH Team:

Adam Broder

abroder@fah.org

202-725-5384 (cell)

Kerry Price

kprice@fah.org

412-496-5793 (cell)

Hallie Fuchs

hfuchs@fah.org

425-466-9624 (cell)

See you in Healthcare City!

** Note: Departure and arrival times subject to change due to airline scheduling*

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