



2010 National CEU Conference Registration Form

October 7, 2010
7:30 a.m.-5:30 p.m.

“Think Pink” Survive the Challenges of Healthcare in 2010

Today’s Date: _____

Attendee Name: _____

Practice: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

CONFIRMATION SENT VIA EMAIL ADDRESS:

Email Address: _____

Cost:	(Circle one)	PHIA Member:	\$259 by September 10th	\$289 after September 10th
		Non-member:	\$309 by September 10th	\$339 after September 10th
		Student:	\$259 by September 10th	\$289 after September 10th

Method of Payment:

Check #: _____ MC/VISA/Discover Card #: _____
(Circle one)

Expiration Date: _____ 3 digit security code (on back of card): _____

Amount to be charged: _____

Name on Card: _____

Address for Card holder (if different from above) including zip: _____

Authorized Signature _____

Please Fax completed registration with credit card payment to **502-473-8807** or mail check payment to:

Medical Staff SOS, Inc- PHIA
4010 Dupont Circle, Suite 418
Louisville, KY 40207