



A division of Medical Staff S.O.S., Inc.

2012 National Annual CEU Conference
Registration Form
The Olmstead, Louisville, KY
October 4, 2012
7:30 a.m.-5:00 p.m.

The time to prepare for BIG change.....IS HERE!

Today's Date: _____

Attendee Name: _____
(please complete one form *per attendee*)

Practice: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

CONFIRMATION SENT VIA EMAIL ADDRESS:

Email Address: _____

Cost:	(Circle one)	PHIA Member:	\$289 by September 10th	\$319 after September 10th
		Non-member:	\$339 by September 10th	\$369 after September 10th
		Student:	\$289 by September 10th	\$319 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
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