



CONFERENCE REGISTRATION

Name: _____

Street: _____

Title: _____

City: _____

Company: _____

State: _____ Zip: _____

Telephone: _____

Email: _____

Number of Executives	After July 23 rd , 2010	After September 17 th , 2010
(1) Executive	\$2,195 each	\$2,295 each
(2-3) Executives	\$1,995 each	\$2,095 each
(4+) Executives	\$1,795 each	\$1,895 each

Payment Information:

American Express

Visa

Master Card

Number of Registrations: _____

Total Fees: \$ _____

Credit Card Number/PO Number: _____ Exp. Date: _____

(Please send contact information for additional attendees)

Name as it appears on Card: _____

Billing Address: _____

(if different from above)

Card Member Signature: _____

Payments: Payment may be made by VISA, MasterCard, or American Express. Payment in full must be received before attendance at the conference and must be received by discount deadline in order to receive discounted pricing. If you require special accommodations to fully participate, please call 615-449-6234 with a description of your needs. Registration does not include hotel accommodations. Space is limited.

Cancellation Policy: There are no refunds or substitutions for other Health Connect Partners, Inc. events allowed. Individuals registered can send a substitute representative. Notice must be given at least 5 days prior to the event. Health Connect Partners, Inc. assumes no liability for non-refundable transportation costs, hotel accommodations or additional costs incurred by registrants. Health Connect Partners, Inc. reserves the right to substitute presenters and re-schedule programs due to unforeseen events, catastrophic weather, earthquakes, acts of terrorism, or any other event out of the control of HCP.

Accommodations: Rooms have been set aside for the conference at the Renaissance Nashville for \$219 per night plus taxes. Contact the Renaissance Nashville directly to make your hotel accommodations 1-800-327-6618. Details for the hotel will be sent to you with your registration confirmation.

For sponsorship information, please call Jason Green at 843-689-9996

Please fax completed form to: 615-449-5030

www.hlthcp.com