

### Hospital & Imaging Center Executive Registration Form

General Information	<b>Full Name:</b>		<b>First Name for Badge:</b>	
	<b>Title:</b>		<b>Designations:</b>	
	<b>Company:</b>			
	<b>Address:</b>			
	<b>City:</b>		<b>State:</b>	
			<b>Zip:</b>	
	<b>Direct Phone:</b>		<b>Direct Fax:</b>	
	<b>E-mail :</b>		<b>Cell Phone:</b>	
	<b>Assistant's Name:</b>		<b>Assistant's Phone:</b>	
	<b>Assistant's E-mail:</b>			
	<b>Emergency Contact Name:</b>		<b>Emergency Phone:</b>	
<b>Dietary Restrictions?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Dietary Restrictions Comments:</b>	<b>Americans with Disabilities:</b> Please check appropriate box: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, a HCP representative will contact you.		
Travel	<b>Travel Plans:</b>	<input type="checkbox"/> Flying or <input type="checkbox"/> Driving	<b>Travel Arrival Date:</b>	
			<b>Travel Departure Date:</b>	
	<b>Room Type:</b> <small>*Hotel is Smoke-Free*</small>	<input type="checkbox"/> King Bed or <input type="checkbox"/> 2 Double Beds	<b>Hotel Arrival Date:</b>	
			<b>Hotel Departure Date:</b>	

As an invited Board of Advisor your registration fee is waived.

Hotel Accommodation: HCP will book your hotel room for you based on the dates you have placed above in Arrival Date and Departure Date fields. The nights of April 14<sup>th</sup> and 15<sup>th</sup> will be billed to our Master Account. Please see the Reimbursement Guidelines for other details regarding additional hotel nights.

Travel Reimbursement: HCP will reimburse for your travel expenses per HCP's published Reimbursement Guidelines (attached). Please sign here stating that you have read, understood, and agree to HCP's Reimbursement Guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fill in this information ONLY if you are bringing a spouse.**

**Spouse registration fee is \$75 per person. Spouses may attend group meals & entertainment activities ONLY.**

Spouse Attending	<b>Name of spouse:</b>			
	<b>Payment Method:</b> <small>(We do not accept Discover)</small>	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
		<input type="checkbox"/> I will mail a check payable to Health Connect Partners, Inc. in the amount of \$75		
	<b>Credit Card Number :</b>		<b>Exp. Date:</b>	
	<b>Name as it appears on Credit Card:</b>			
	<b>Cardholder Signature:</b>			

## Health Connect Partners, Inc. – Travel Reimbursement Guidelines

**Airfare:** Please contact our travel agent, Travel World, Inc. (800-654-1409, ask for Bob Lowe), to make your airline reservations. The travel agency will be directed to purchase the lowest coach roundtrip fare that allows you to arrive and depart so that you can attend the entire Conference. They will bill us directly for your airfare. Any changes made to airline reservations after initial booking are at the individual's own expense. Should you elect to take a different flight that costs more than the lowest coach ticket, you can pay the difference in the two tickets and take that flight. Should you not be able to make the meeting after we have purchased your ticket, you agree that you will either reimburse us for the cost of the ticket, or use that ticket and book a flight to another HCP conference later in the year or next year (our travel agency will help you and any change fees or additional fees will be at your expense).

If you desire to make your own flight reservations, please contact us with the flight numbers and costs prior to purchasing ticket. We will only reimburse pre-approved tickets that you purchase on your own.

The cutoff date for using the Travel Agent Service is March 19<sup>th</sup>, 2010. After this date, you will need to book your own travel at your expense (please get pre-approved for reimbursement) and then submit a reimbursement form for reimbursement after the conclusion of the Conference. All air travel expenses and itineraries must be pre-approved in order to be reimbursed.

**Driving:** If you choose to drive to the Conference, we will reimburse you at a rate of .40 cents per mile up to a maximum of \$300. Proof of mileage should be presented with reimbursement form. Parking your vehicle at the hotel will be reimbursed at a maximum of \$44 (only for those attendees who have driven their own car to the Expo and have stayed for the full Conference). Self-Parking will be at the hotel under the North and South Towers (be careful not to park in the Convention Center parking garage). Just follow the signs to self parking. Valet parking is NOT reimbursable.

**Hotel Reservations:** HCP will book your **entire** room reservation based on the dates you indicate on your registration form. **Health Connect Partners will pay for up to two nights (Wed, April 14<sup>th</sup> AND/OR Thur, April 15<sup>th</sup> only) room and tax accommodations.** Any additional nights will be at the individual's own expense. HCP's group rate is \$92 single/double plus tax and is available up to 3 days prior/post to HCP's conference dates (based on availability). A major credit card will be required at check-in to cover additional room night accommodations (if you elect to stay more than one or two nights) and all incidental charges. HCP will provide a room reservation confirmation number to you by early March. The two night's room/tax charge will be direct billed by the hotel to HCP's Master Account.

**Hotel Information:**

Marriott San Diego Hotel & Marina	Telephone: 619-234-1500
333 West Harbor Drive	Fax: 619-234-8678
San Diego, CA 92101	

**Included Meals:** Wed, April 14<sup>th</sup> – evening Welcome Reception; Thur, April 15<sup>th</sup> - continental breakfast, am/pm breaks, buffet lunch, Networking Reception & Dinner; Fri, April 16<sup>th</sup> – continental breakfast and mid morning break. **NOTE:** Any additional meals will be at the individual's own expense.

### **Ground Transportation:**

**From Airport to Hotel:** HCP will provide you with a Travel Voucher (VIA US Mail) that will get you from the San Diego airport to the hotel at no cost to you. Simply claim your luggage and follow the instructions on the voucher to locate your shuttle. If you elect to take a taxi from the airport to the hotel, it will be at your own expense. We do not allow any reimbursement for rental cars or for parking of rental cars.

**From Hotel to Airport:** HCP has arranged for Chartered Bus service from the hotel to the Airport after the conclusion of the Conference on Friday, April 16<sup>th</sup>, 2010. Buses will leave starting at 11:00 PM on Friday, April 16<sup>th</sup>, 2010. Your scheduled departure will be given to you on site at registration depending on your flight departure time. This service will be provided for you at no charge. If you elect to use any other method of transportation to the airport, or if you leave before or after April 16<sup>th</sup>, the transportation costs will be at your own expense.

**Not Included:** Meals outside of meals listed above, home airport parking expenses and mileage to/from airport and home/work, valet parking, unapproved airfare expenses, changes in air reservations, airline baggage fees, any expense not preapproved that is not listed above as a valid reimbursable expense.

**Reimbursement:** A copy of all receipts and/or mileage proof and the completed Reimbursement Request Form must be faxed or mailed to Health Connect Partners no later than **Monday, May 3<sup>rd</sup>, 2010** to claim reimbursement. No reimbursement will be made for any expenses not listed above that are not pre-approved.

*If you have any questions, please contact:*

David Mason  
Health Connect Partners  
77 Business Park Drive, Lebanon, TN 37090  
(615) 449-6234 phone \* (615) 449-5030 fax  
[David.Mason@hlthcp.com](mailto:David.Mason@hlthcp.com)