



CONFERENCE REGISTRATION

Name: _____ Street: _____
Title: _____ City: _____
Company: _____ State _____ Zip: _____
Telephone: _____ Email: _____

Prior to April 2 nd , 2010
\$2,095 each

After April 2nd 2010, the price for attendance is \$2,495 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) Card Verification Number: _____

Name as it appears on Card: _____

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 reschedule 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 April Conference at the San Diego Marriott Hotel & Marina for \$249 per night plus taxes. Details for the hotel will be sent to you with your registration confirmation.

For Sponsorship or additional Information, please call 843-689-9996

Please fax completed form to: 615-449-5030