



Registration Form

SPACE IS LIMITED - PLEASE REGISTER EARLY

Full name: _____

Address: _____

City: _____ Prov/State: _____ Zip Code: _____

Telephone: Day: _____ Evening: _____

Fax: _____ E-mail: _____

What name & title do you prefer on your name badge? _____

Who is your employer or who do you represent? - _____

Please choose one of the following credit categories if applicable.
 UHMS NBDHMT BNA

Conference Registration - All funds are in US Dollars

	<u>Before 8/1/04</u>	<u>8/1/04-9/2/04</u>	<u>Door**</u>	
<u>Friday only</u>	\$100	\$125	\$150	\$ _____
<u>Saturday only</u>	\$25	\$35	\$45	\$ _____
<u>Banquet (per Person)</u>	\$50	\$55	\$60 x _____	\$ _____
CME Credits	\$25	\$25	\$25	\$ _____
Total Program*	\$195	\$240		\$ _____
				TOTAL \$ _____

*Friday, Saturday, CME & Banquet

Conference Registration includes continental breakfast (2 days), breaks (2 days) and Friday box lunch. Saturday lunch is not included. Banquet space is limited and is on a first come basis.

Early Registration will not be accepted after 9/2/04. Registration not **RECEIVED by September 2, 2004 must be at the door.

[] Visa [] Master Card [] American Express

Card # _____ Expiration ____/____

Signature _____

Cancellations, minus \$25 administrative fee, will be accepted until Sept. 01, 2004. No refunds after this date. By registering you accept the terms and conditions of the meeting.

Please mail registration form with check or credit card payment to:
 Pacific Chapter UHMS, 12724 Valley View Lane, Redlands, CA 92373-7632

Fax Credit Card Payments to (909) 307-5027. More information on the meeting is on our web site: www.pacificuhms.org or contact Chapter President Dr. Ron Bangasser at pacificuhms2004@yahoo.com