

Registration Form

The Symposium on Advances in Chronic Disease Care

Apply early as space is limited. Submission of an application does not guarantee a space. Symposium registration is confirmed upon full payment.

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PLEASE COMPLETE THE FOLLOWING

Name of Registrant: _____

Title: _____

Name of Organization: _____

☐ Physician ☐ Medical Group ☐ Hospital (# of Beds: _____) ☐ Dot Com Company ☐ Other (Please Specify) _____

Indicate your American College of Healthcare Executives (ACHE) credentials: ☐ Certified Healthcare Executive (CHE) ☐ Fellow of ACHE (FACHE)

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ E-Mail _____

(For more than one person from the organization, attach additional copies of this form.)

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REGISTRATION FEES

☐ **CONFERENCE & EXPO***

Through April 9, 2001

First person _____ \$1095

Each additional person _____ \$ 995

After April 9, 2001

First person _____ \$1195

Each additional person _____ \$1095

Government employees, students & faculty _____ \$ 550

(Must provide valid I.D. card or student transcript)

Total \$ _____

*E-Healthcare Connections subscribers deduct \$100 from each tuition level for the Conference & Expo. Groups of 10 or more, \$895 per person.

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PAYMENT OPTIONS

Please enclose payment with your registration and return it to the conference registrar at the address below, or fax your credit card payment to 760-771-3183.

☐ Check/money order enclosed

(Make Checks Payable to Advances in Chronic Disease Care)

☐ Payment to be made by check/money order. Credit card given to hold registration. If payment not received 10 days prior to date of conference, credit card will be billed.

☐ American Express ☐ Visa ☐ Mastercard

***TAX ID NO. 91-1892021**

Total \$ _____ Account # _____ Expiration Date _____

Name of Cardholder _____ Signature of Cardholder _____

Registrant Signature _____

How did you learn about this conference? ☐ Brochure ☐ Magazine Ad ☐ Friend/Colleague ☐ E-mail Notice

HOW TO REGISTER

Fully complete steps 1-3 (one form per registrant, photocopies acceptable). Payment must accompany each order.

Mail to: The Symposium on Advances in Chronic Disease Care; Attn: Registration
53881 Avenida Villa, La Quinta, CA 92253 • (800) 684-4549 • Fax: (760) 771-3183

Alternative registration available on website: www.ChronicCare.net

For more information call: (800) 684-4549

CANCELLATION POLICY: Please note that, in the event of cancellation by registrant, a credit will be issued toward attendance at a future conference only if notice is received in writing at least 30 days prior to the conference.