



NCHICA 13th Annual Conference & Exhibition

Cultures in Transition:

Healthcare Consumers, Providers & Payers

September 23-26, 2007 • Grove Park Inn Resort & Spa, Asheville, NC



Name _____

Title _____

Organization _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

e-mail _____

Special assistance/meals required: _____

Please check which meals you will attend:

<input type="checkbox"/> Box Lunch on 9/24	<input type="checkbox"/> Reception on 9/25
<input type="checkbox"/> Reception on 9/24	<input type="checkbox"/> Barbeque on 9/25
<input type="checkbox"/> Breakfast on 9/25	<input type="checkbox"/> Breakfast on 9/26
<input type="checkbox"/> Lunch on 9/25	<input type="checkbox"/> Box Lunch on 9/26

Do you prefer a vegetarian option? _____

If you are golfing, please provide your handicap or average score: _____

If your spouse is attending, please provide his/her name: _____

Registration Worksheet

	Thru 8/15/07		After 8/15/07			Quantity	Amount
	Member	Non-member	Member	Non-member			
Full Conference	\$475	\$675	\$575	\$775	x	1 =	_____
One Day	\$200	\$250	\$250	\$300	x	_____ =	_____
Golf Tournament	\$125	\$125	\$125	\$125	x	_____ =	_____
Golf & HIMSS Reception ¹	\$20	\$20	\$20	\$20	x	_____ =	_____
Public Health employee ²	\$150	\$150	\$150	\$150	x	1 =	_____
Student ²	\$50	\$50	\$50	\$50	x	1 =	_____
Spouse ³	\$100	\$100	\$100	\$100	x	1 =	_____
Total registration fee:							_____

¹ Golf Reception is included in Golf Tournament fee.
² Limited availability. Contact lori@nchica.org before registering.
³ Includes receptions on Monday and Tuesday; Barbeque on Tuesday; breakfast on Tuesday and Wednesday.

Payment

_____ Enclosed is my check made payable to **NCHICA**. Checks must be received by September 17, 2007. EIN 56-1885202.

Please charge \$_____ to my: _____ VISA _____ MasterCard _____ AmEx
 NCHICA is authorized to use the indicated credit card account to bill the total registration fee listed above.

Name on card: _____ Expiration date: _____

Account #: _____ Signature: _____

Send completed form along with payment to:
 NCHICA, POB 13048, Research Triangle Park, NC 27709-3048, FAX: 919-558-2198

Please complete one form per registrant. If you have any questions, contact Lori Von Colln at 919-558-9258 ext. 24, lori@nchica.org.