

# HIT AUDIOCONFERENCE Registration Form

## 1: PLEASE COMPLETE THE FOLLOWING

Name of Registrant \_\_\_\_\_

Title \_\_\_\_\_ Name of Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

(Fax and e-mail necessary for registration confirmation and dial in information)

## 2: REGISTRATION FEES

- |  |                                |  |                                 |
|--|--------------------------------|--|---------------------------------|
| <b>May 29, 2008 Live Audioconference</b><br>TELEHEALTH AND HOME MONITORING | <input type="checkbox"/> \$275 | <b>Full Audioconference Series*</b><br>INCLUDES ALL SIX HIT AUDIOCONFERENCES                                     | <input type="checkbox"/> \$995  |
| <b>Audioconference CD Recording</b>  | <input type="checkbox"/> \$275 | <b>Full Audioconference Series CD Recordings</b><br>RECORDINGS OF ALL SIX HIT AUDIOCONFERENCES                   | <input type="checkbox"/> \$995  |
| <b>Audioconference and CD Recording</b>                                    | <input type="checkbox"/> \$425 | <b>Full Audioconference Series &amp; CD Recordings*</b><br>INCLUDES ALL SIX HIT AUDIOCONFERENCES PLUS RECORDINGS | <input type="checkbox"/> \$1295 |

Optional Registration Code: \_\_\_\_\_

\* For the four audioconferences already completed, a CD Recording will be substituted.

## 3: 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 760-418-8084.

Check/money order enclosed (make checks payable to Health Care Conference Administrators, LLC)

Credit card:  American Express  Visa  MasterCard

Account Number: \_\_\_\_\_ Expiration: \_\_\_\_ / \_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Registrant Signature: \_\_\_\_\_

## 4: REGISTRATION SUBMISSION

Please return your application and full payment by: Fax 760-418-8084 Phone: 800-684-4549. Please make checks payable to Health Care Conference Administrators, LLC. Or mail this form with correct tuition fee (U.S. funds) to: Conference Coordinator, 3291 West Wilson Road, Pahrump, NV 89048.

**For more information:** Call 800-684-4549 or send e-mail to [Registration@HCConferences.com](mailto:Registration@HCConferences.com). Visit our website at [www.HITAudioconferences.com](http://www.HITAudioconferences.com).

**Tax Deductibility:** Expenses of training, including tuition, travel, lodging and meals, incurred to maintain or improve skills in your profession, may be tax deductible. Consult your tax advisor. Federal Tax ID: 91-1892021

**Cancellation/Substitutions:** No refunds will be given for cancellations.