

# 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](http://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.