

MediClick User Conference 2010

April 25– 28, 2010



Registration Form

Contact Information

Name			
	Last	First	MI
Name on Badge			
Hospital/Affiliation			
Street Address			
	City	State	Zip
Title/Job Function			
Work Phone			
E-Mail Address			

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Conference Fees

Includes breakfasts, lunch Monday/Tuesday, Welcome Reception Sunday, and dinner Monday evening. Fees are Per Person.

	Fee	How Many	Subtotal
First & Second Attendee (registered by Feb. 15, 2010)	Complimentary	X	= no fee required
All Other Attendees (registered by Feb. 15, 2010)	550.00	X	=
All Attendees (registering after Feb. 15, 2010)	750.00	X	=
Speaker	350.00	X	=
Guest (Sunday & Monday evening)	100.00	X	=

Please mail/fax completed form(s) and check (if applicable) to:
3200 Atlantic Avenue, Suite 200
Raleigh, NC 27604
Fax: 919.850.9607

(Print this form if necessary to complete contact information for more than two attendees.)

Cancellation Policy

Cancellations made before April 2, 2010 will receive a 50% refund. Cancellations made after that date and "no shows" will not receive a refund. We do accept attendee substitutions with no penalty. Please contact Donna Moyer at donna.moyer@mediclick.com or by phone at 919- 790- 4450 for further information.