

The Twenty-Second Annual Conference of Physician Referral & Health Information Call Centers

June 16-18, 2010 ■ JW Marriott Buckhead Atlanta, Atlanta Georgia

REGISTRATION FORM

NAME _____ TITLE _____

ORGANIZATION _____

ADDRESS _____ Mail Code _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ Email _____

Check Enclosed

VISA/MASTERCARD/AMEX

Credit Card # _____ Expiration Date _____

Name On Credit Card _____

Names and titles of others who will be attending from your organization. _____

SESSION AND TABLE SELECTIONS: For our planning purposes, please indicate which sessions or table you will be attending.

NETWORKING TABLES: 10 a.m.–Noon, Wednesday, June 16. Each attendee can attend one table from 10 to 11 a.m. and another from 11: a.m. to Noon.

10:00—11:00 a.m. 1.____ 2.____ 3.____ 4.____ 5.____ 6.____ 7.____ 8.____ 9.____ 10.____

11:00—Noon 1.____ 2.____ 3.____ 4.____ 5.____ 6.____ 7.____ 8.____ 9.____ 10.____

THURSDAY AFTERNOON CONCURRENT SESSIONS:

1:00—3:15 p.m. Session A _____ 1:00—2:00 p.m. Session B _____ 2:15—3:15 p.m. Session C _____

3:30—4:30 p.m. Session D _____ Session E _____

TYPE OF REGISTRATION: *Please check fee*

EARLY BIRD REGISTRATION (*Before May 1*)

\$695— Physician Referral & Telephone Triage Times subscriber

\$795— Non-subscriber

\$950— Please sign me up for a one-year subscription to *Physician Referral & Telephone Triage Times* at the cost of \$255. I understand this entitles me to receive the special conference rate of \$695.

REGISTRATION FEE (*After May 1*)

\$750— Physician Referral and Telephone Triage Times subscriber.

\$850— Non-subscriber.

\$1005— Please sign me up for a one-year subscription to *Physician Referral and Telephone Triage Times* at the cost of \$255. I understand this entitles me to receive the special conference rate of \$750.

I'm planning to attend the Pre-conference Workshop I. Enclosed is an additional:

\$95—because I am also attending the main conference.

\$150—because I am unable to attend the main conference.

I'm planning to attend the Pre-conference Workshop II. Enclosed is an additional:

\$95—because I am also attending the main conference

\$150—because I am unable to attend the main conference.

While there is no additional charge for the Friday Call Center Tour, we do need to know how many might be coming to this event for our planning purposes.

_____ Friday Tour of the Emory HealthConnection Call Center

NOTE: Registration fees and forms are due two full weeks before the conference.

In case of cancellation, all fees will be returned less a processing cost of \$100.

No refunds for cancellations after June 4, 2010.

*Registration forms can be
Faxed to: 770-457-4606*

Mail Registration Form and Check to:

Physician Referral and Telephone Triage Times Conference
3180 Presidential Drive • Suite K • Atlanta, GA 30340