

The Twentieth Annual Conference of Physician Referral and Health Information Call Centers

Chase Park Plaza Hotel, St. Louis, MO ■ June 11-13, 2008

REGISTRATION FORM

NAME _____ TITLE _____

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ Email _____

VISA/MASTERCARD/AMEX Credit Card # _____ Expiration Date _____

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

SESSION AND TABLE SELECTIONS: For our planning purposes, please indicate how many people will be attending which session or table.

NETWORKING TABLES: 10:15 a.m.–12:15 p.m. Thursday, June 12. Each attendee can attend one table from 10:15 to 11:15 a.m. and another from 11:15 a.m. to 12:15 p.m.

10:15–11:15 a.m. 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____

11:15–12:15 p.m. 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____

THURSDAY AFTERNOON CONCURRENT SESSIONS:

1:30–2:45 p.m. Session A _____ Session B _____ Session C _____ Session D _____ Session E _____

3–4:15 p.m. Session F _____ Session G _____ Session H _____ Session I _____ Session J _____

TYPE OF REGISTRATION: *Please check fee*

EARLY BIRD REGISTRATION

\$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

\$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 Thursday Call Center Tour, we do need to know how many might be coming to this event for our planning purposes.

_____ Thursday Tour of BJC 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 \$75. **No refunds for cancellations the week of the conference.**

Mail Registration Form and Check to:

Physician Referral and Telephone Triage Times Conference
3180 Presidential Drive • Suite K • Atlanta, GA 30340 • 770-457-6106

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