

2002 TECHNICAL CONFERENCE
THE CHANGING FACE OF HEALTH CARE
DALLAS, TEXAS
JANUARY 29- FEBRUARY 1, 2002

AHQA MEMBER REGISTRATION FORM

I. REGISTRATION INFORMATION

Print Name as you would like it to appear on name badge

(Please include credentials if applicable):

Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Email: _____

Contact (if different than above): _____

II. MEETING SELECTION (PLEASE CHECK)

Tues. Jan. 29, 2002: Medical Affairs Section
_____ \$125 – MAS member (MAS Dues must be current)
_____ \$175 – MAS non-member

Tues. Jan. 29, 2002: CEO Section
_____ \$100 Member/Non-member

Tues. Jan. 29, 2002: Case Review Training
_____ \$125 (Limited: 2 attendees per PRO)

Wed., Jan. 30, 2002: Network Meetings
_____ \$ 55 – Network Meetings:

Please check the network meeting you will attend

- Analytic Network
- Communications Network
- Finance & HR Network
- HCQIP Network
- IT Network
- PEPP/Case Review Network

Wed., Jan. 30 – Fri. Feb. 1, 2002: Tech Conference
_____ \$725 – Early Bird: November 5 – 30, 2001
_____ \$825 – Regular: December 1 – 21, 2001
_____ \$925 – Onsite: After December 21, 2001

Wed., Jan. 30, 2002: CMS Seminars 12pm-6pm
REGISTRATION REQUIRED TO ATTEND ANY CMS SESSION
_____ \$40 – Fee is in addition to general conference registration
(Open to AHQA Members Only)

Sat., Feb. 2, 2002: QI Intervention Strategies Collaborative
_____ FREE - (Limited: 3 attendees per PRO)

III. Select one of the following options for receiving onsite conference materials:

- CD-ROM*
- Conference Binder*

*A limited supply will be available onsite for purchase only.

IV. PAYMENT INFORMATION

Payment Method (Please circle):

Visa MasterCard AMEX Check

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Billing Address: _____

Billing City, State, Zip: _____

Signature: I have read and agree to the AHQA registration policies

Signature: _____

V. HOTEL ROOM CANCELLATION POLICY

ALL Sleeping room reservations will be guaranteed with a nonrefundable credit card deposit for **ALL** sleeping room nights. Your deposit will be lost if cancellations are made after 5:00pm, November 5, 2001.

VI. AHQA MEETING REGISTRATION POLICY

Payment

You are encouraged to return your meeting registration form as soon as possible. **To receive "Early Bird" discounts, registration form, accompanied by payment, must be in AHQA's offices by COB November 30th.** Meeting registration forms accompanied by full payment (check or credit card) must be received **BY FRIDAY, DECEMBER 21, 2001**. All meeting registrations received after this date will be processed onsite. **Please note that space will not be reserved unless meeting registration form is accompanied by full payment.**

Cancellations/Substitutions

Cancelled registrants will be refunded the meeting registration fee (minus a 20% processing fee) until **December 21, 2001**. **After December 21st there will be NO refunds.** Meeting registration fees for cancelled registrants cannot be applied or credited to future conferences. Meeting Registrants who are unable to attend may send substitutions at no charge. All cancellations and substitution requests must be in writing and sent to Alicia Massey at registration@ahqa.org or fax to 202-331-9276.

Special Needs

Meeting registrants with disabilities, dietary restrictions, or other special needs should contact Jacqueline Osborne at 202-331-5790, ext 201 or josborne@ahqa.org. Every effort will be made to accommodate your needs.

PLEASE FAX, EMAIL OR MAIL TO:

Attention: Alicia Massey
The American Health Quality Association
1140 Connecticut Ave, NW, Suite 1050
Washington, DC, 20036

Fax: 202-331-9276 **Phone:** 202-331-5790

Email: registration@ahqa.org **Web:** www.ahqa.org