



2002 ANNUAL SESSION AND HOUSE OF DELEGATES MEETING
SEPTEMBER 18 – 20, 2002
NEW YORK CITY, NY

I. REGISTRATION INFORMATION

The information below will be used in all conference materials. Please print clearly or attach your business card. (Include credentials if applicable)

Name: _____

Email: _____

Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Contact: _____

(If different from above)

Contact Email: _____

II. MEETING SELECTION (PLEASE CHECK)

Medical Affairs Section

_____ \$125 – MAS member (MAS Dues must be current)

_____ \$175 – MAS non-member

CEO Section

_____ \$100 Member/Non-member

Annual Session

_____ \$565 – Early Bird: Ends August 3, 2002

_____ \$665 – Regular: August 4 – 23, 2002

_____ \$765 – Onsite: After August 23, 2002

TOTAL DUE: _____

III. PAYMENT INFORMATION

Payment Method (Please circle):

Visa MasterCard AMEX Check

Please make check payable to AHQA

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Billing Address: _____

Billing City, State, Zip: _____

Signature: _____

Print Name: _____

(Signature indicates that you have read and agree to the AHQA registration policy)

IV. AHQA REGISTRATION POLICY

Payment

You are encouraged to return your registration form as soon as possible. **To receive the Early Bird rate, registration forms accompanied by payment (check or credit card) must be received BY FRIDAY, AUGUST 3, 2002.** To receive the regular registration rate, registration forms accompanied by payment must be received by **FRIDAY, AUGUST 23, 2002.** All registrations received after this date will be processed onsite. **Please note that space will not be reserved unless registration form is accompanied by payment.**

Cancellations/Substitutions

All cancellation and substitution requests must be made in writing and must be received **BY FRIDAY, AUGUST 23, 2002.** Cancelled registrants will be refunded the registration fee minus a 20% processing fee. Registration fees for cancelled registrants cannot be applied or credited to future conferences. Registrants who are unable to attend may send substitutions at no charge. Please send all written requests for substitutions or cancellations to Alicia Massey at registration@ahqa.org or fax to 202-331-9276.

Special Needs

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

For additional questions regarding the AHQA conference registration policy or for additional registration information, please contact Alicia Massey at 202-331-5790, ext. 207 or via email at registration@ahqa.org.

Mail:

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