



The American Health Quality Association®

AMERICAN HEALTH QUALITY ASSOCIATION & CEO SECTION SPONSORED
2003 CEO RETREAT
JULY 16 – 19, 2003
BREWSTER, MASSACHUSETTS

I. REGISTRATION INFORMATION

Please print clearly or attach your business card. Include credentials if applicable.

Name: _____

Email: _____

Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

II. MEETING SELECTION (PLEASE CHECK)

Wed., July 16 – Sat., July 19, 2003: CEO Retreat

- \$795
- Yes, I will attend the Wednesday Reception
- Yes, I will attend the Thursday Murder Mystery Dinner

Wed., July 16 & Thurs., July 17, 2003: Spousal Fee (Wednesday Reception & Thursday Dinner Only)

- \$100

Wed., July 16, 2003: \$79.95 per player– Golf Tee Time:

- 12:56pm
- 1:04pm
- _____ will join me for golf
Enter spouse name here (additional \$79.95)

Sat., June 19, 2003: \$79.95 per player– Golf Tee Time:

- 10:40am
- 10:48am
- 10:56am
- 11:04am
- 11:12am
- _____ will join me for golf
Enter spouse name here (additional \$79.95)

NOTE: 4 PLAYERS PER TEE TIME FOR WED. & SAT.

III. PAYMENT INFORMATION

TOTAL DUE: _____

Circle Payment Method:

Visa MasterCard AMEX Check

Credit Card Number: _____

Expiration Date: _____

Name on Card (Please Print): _____

Signature: _____

IV. AHQA REGISTRATION POLICY

Payment

Registration forms accompanied by payment (check or credit card) must be received **BY FRIDAY, JUNE 20, 2003.**

Cancellations

Only written cancellations received by **FRIDAY, JUNE 20, 2003** will receive refunds (less a 20% registration fee). Registration fees for canceled registrants cannot be applied or credited to future conferences. Requests for cancellations must be received in writing by **Friday, June 20, 2003.** Please send all **written requests** for 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 (phone) or josborne@ahqa.org (email). We will make every effort to accommodate your needs.

Special Needs: _____

Please make check payable to AHQA

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

Fax: 202-331-9276

Email: registration@ahqa.org

Phone: 202-331-5790

Web: www.ahqa.org

V-NECK WIND SHIRT SIZE (MUST HAVE SIZES BY MAY 30, 2003) – AFTER THE DUE DATE, YOU WILL AUTOMATICALLY RECEIVE A LARGE (WOMEN) AND A TRIPLE X-LARGE (MEN).

JACKET SIZE:

- SMALL
- MEDIUM
- LARGE
- XL
- XXL
- XXXL

IMPORTANT! SHIRT SIZES AND TEE TIMES MUST BE RECEIVED BY FRIDAY, MAY 30, 2003.