



AMERICAN HEALTH QUALITY ASSOCIATION SPONSORED
MEDICAL AFFAIRS AND NETWORK MEETINGS
AT THE TRI-REGIONAL CONFERENCE
JUNE 10 – 14, 2003
ST. PETERSBURG, FL

I. REGISTRATION INFORMATION

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

Name: _____

Email: _____

Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Special Needs: _____

Contact Name: _____

II. MEETING SELECTION (PLEASE CHECK)

Thursday, June 12, 6pm – 9pm: Medical Affairs

- \$125 – MAS Member
- \$175 – MAS Non-Member

Saturday, June 14, 8am – 12pm: Networks:

\$ 65 – Network Meetings:

Please check the network meeting you will attend

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

TOTAL DUE: _____

III. PAYMENT INFORMATION

Circle Payment Method:

VISA MasterCard AMEX Check

(Please make check payable to AHQA)

Credit Card Number: _____

Expiration Date: _____

Name on Card (Please Print): _____

Signature: _____

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

IV. AHQA REGISTRATION POLICY

Payment

We encourage you to return your registration form as soon as possible. Registration forms accompanied by payment (check or credit card) must be received **BY FRIDAY, MAY 16, 2003**. Forms without payment will not be processed. **On-site registration will not be available.**

Cancellations/Substitutions

No refunds will be issued for the Tri-Regional

Conference. Registration fees for canceled registrants cannot be applied or credited to future conferences. If you are unable to attend, you may send a substitute at no charge. However, requests for substitutions must be received in writing by **Friday, May 23, 2002**. Please send all written requests 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 or josborne@ahqa.org. We will make every effort 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 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

PLEASE NOTE:

AHQA does not sponsor or plan the Tri-Regional Conference. For more information or to register online for the conference, please visit www.triregional.com.