



The American Health Quality Association®

THE AMERICAN HEALTH QUALITY ASSOCIATION & CEO SECTION SPONSORED 2004 QIO LEADERSHIP RETREAT JULY 21 – 24, 2004 THE BROADMOOR COLORADO SPRINGS, COLORADO

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 21 – Sat., July 24, 2004: QIO Leadership Retreat

- Cost: \$795
Yes, I will attend the Wednesday Reception
Yes, I will attend the Thursday "Stepping Back In Time: It's the 70's" event

Wed., July 21 & Thurs., July 22, 2004: Spousal Fee (Wednesday Reception & Thursday Special Event; Stepping Back In Time: It's the 70's)

- Cost: \$100

III. PAYMENT INFORMATION

TOTAL DUE: \_\_\_\_\_

Circle Payment Method:

Payment options: Visa, MasterCard, AMEX, Check

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

IV. AHQA REGISTRATION POLICY

Payment

We encourage you to return your registration forms as soon as possible. All registration forms accompanied by payment (check or credit card) must be received BY WEDNESDAY, JUNE 30, 2004. Forms without payment will not be processed. On-site registration will not be available.

Cancellations

Only written cancellations received by WEDNESDAY, JUNE 30, 2004 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 Wednesday, June 30, 2004. Please send all written requests for cancellations to Tasha K. Benjamin 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. Every effort will be made to accommodate your needs.

Special Needs: \_\_\_\_\_

Please Fax, Email or Mail To:

Attention: Tasha K. Benjamin
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

OUTERWEAR VEST-FLEECE INSIDE/OUTSIDE NYLON REVERSIBLE - 100% MICROFIBER, WATER REPELLENT AND WIND RESISTANT (MUST HAVE SIZES BY MAY 14, 2004) - 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
XXXXL

IMPORTANT! SHIRT SIZES FRIDAY, MAY 14, 2004.