



The American Health Quality Association®

THE AMERICAN HEALTH QUALITY ASSOCIATION SPONSORED
MEDICAL AFFAIRS AND NETWORK MEETINGS
AT THE 2004 TRI-REGIONAL CONFERENCE
JUNE 17 & 19, 2004
THE DON CESAR BEACH RESORT AND SPA CONFERENCE
ST. PETERSBURG, FLORIDA

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 17, 6pm – 9pm: Medical Affairs

\$125 – MAS Member/Non-Member

Saturday, June 19, 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

You are encouraged to return your meeting registration form as soon as possible. All registration forms, accompanied by payment (check or credit card), must be received **BY TUESDAY, JUNE 1, 2004**. Forms without payment will not be processed. ***On-site registration will not be available.***

Cancellations/Substitutions

No refunds will be issued for the AHQA sponsored Medical Affairs Section or Network meetings being held during 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 **TUESDAY, JUNE 1, 2004**. Please send all written requests to Tasha K. Benjamin 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.

For additional questions regarding the AHQA conference registration policy or for additional registration information, please contact Tasha K. Benjamin at (202) 331-5790 or via email at registration@ahqa.org.

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 **Phone:** (202) 331-5790
Email: registration@ahqa.org **Web:** www.ahqa.org

PLEASE NOTE:

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