

**2003 TECHNICAL CONFERENCE**  
**CHANGES, CHALLENGES, & COMMITMENT:**  
**A NEW ERA IN HEALTH CARE QUALITY IMPROVEMENT**  
**ORLANDO, FLORIDA**  
**FEBRUARY 3-8, 2003**

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**I. REGISTRATION INFORMATION**

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Contact (if different than above): \_\_\_\_\_

Contact Email (if different than above): \_\_\_\_\_

**II. MEETING SELECTION (PLEASE CHECK)**

**THURS. FEB. 6 – FRI. FEB. 7, 2003: TECH CONFERENCE**  
\_\_\_\_\_ \$900 – Early Bird: November 11– December 6, 2002  
\_\_\_\_\_ \$1000 – Regular: December 7, 2002– January 6, 2003  
\_\_\_\_\_ \$1100 – Onsite: After January 6, 2003

**Are you interested in attending more educational sessions that are for AHQA members only? Email Amanda Scott at [ascott@ahqa.org](mailto:ascott@ahqa.org) regarding more information on how you can become an AHQA individual member.**

**III. PAYMENT INFORMATION**

**Payment Method (Please circle):**

**Visa    MasterCard    AMEX    Check**

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

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

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City, State, Zip: \_\_\_\_\_

**Signature:** I have read and agree to the AHQA registration policies

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

**V. AHQA MEETING REGISTRATION POLICY**  
**Payment**

You are encouraged to return your meeting registration form as soon as possible. **To receive “Early Bird” discounts, registration form, accompanied by payment, must be in AHQA’s offices by COB December 6<sup>th</sup>.** Meeting registration forms accompanied by full payment (check or credit card) must be received **BY MONDAY, JANUARY 6, 2003.** All meeting registrations received after this date will be processed onsite. **Please note that space will not be reserved unless meeting registration form is accompanied by full payment.**

**Cancellations/Substitutions**

Cancelled registrants will be refunded the meeting registration fee (minus a 20% processing fee) until **January 6, 2003.** After January 6<sup>th</sup> there will be **NO refunds.** Meeting registration fees for cancelled registrants cannot be applied or credited to future conferences. Meeting Registrants who are unable to attend may send substitutions at no charge. All cancellations and substitution requests must be in writing and sent to Alicia Massey at [registration@ahqa.org](mailto: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](mailto:josborne@ahqa.org). Every effort will be made to accommodate your needs.

<b>SPECIAL NEEDS</b>
<input type="checkbox"/> Vegetarian
<input type="checkbox"/> Wheelchair Accessible
<input type="checkbox"/> Other: _____

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**PLEASE FAX, EMAIL OR MAIL TO:**

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 ext. 205  
**Email:** [registration@ahqa.org](mailto:registration@ahqa.org)      **Web:** [www.ahqa.org](http://www.ahqa.org)