

# ATTENDEE REGISTRATION FORM

## 2006 Mid America Series Users Group Annual Conference

April 19<sup>th</sup>-21<sup>st</sup>, 2006 \* Holiday Inn Select \* Bloomington, Minnesota

<http://www.seriesvar.com/usergroups/sponsoredsites/svss403midam/midamrug/index.html>



Please complete all information. Incomplete forms will not be processed. Payment must be received with form. Please complete one form for each attendee.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Department: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### Conference Registration:

Full Conference  \$275.00

Group Discount  \$1,100.00  
*(per 5 attendees – must receive 5 forms together with payment)*

Daily Registration Thursday (full day) Friday (1/2 day)  
 \$185.00  \$95.00

### Guests:

Additional Guest Vendor Reception/Entertainment Lunch/Thurs McKesson Reception/Thurs Breakfast/Friday  
 \$40.00  \$25.00  \$25.00  \$25.00

Presenters: 1 Session 2 Sessions  
 Subtract \$100  Subtract \$150

### Thanks to our Sponsors...



### Registration

Fee Subtotal: \$ \_\_\_\_\_

Guest Subtotal: \$ \_\_\_\_\_

Subtract Presenter Subtotal: \$ \_\_\_\_\_

CONFERENCE TOTAL: \$ \_\_\_\_\_

### Attendee Profile:

Series Release your facility is currently on:  8.0  9.0  10.0  Other \_\_\_\_\_

Facility Bed Size:  1-50  51-100  101-200  201-300  301-400  400+

MAIN area of Interest:  Clinical  Financials  HIM  Materials  Payroll  
 Pharmacy  Revenue Cycle  Technical

### PAYMENT INFORMATION: FULL PAYMENT MUST ACCOMPANY REGISTRATIONS

**Cancellation Policy:** Cancellations must be received in writing by April 12<sup>th</sup>, 2006. No refunds will apply to cancellations received after April 12<sup>th</sup>, 2006.

### Please send registration forms and payment to:

Stacy Westfall, Columbus Community Hospital, 4600 38<sup>th</sup> Street, Columbus, NE 68602-1800