

HEALTH 3.0

KANSAS HEALTH INFORMATION TECHNOLOGY CONFERENCE 2009

REGISTRATION/CANCELLATION

The registration fee is \$75.00 each or \$50 each for 2 or more people from same company/organization. Pre-registration deadline is Tuesday, June 30, 2009. Registrations received after June 30 will not guarantee space, handout materials, lunch and refreshments. Registrations at the door will be accepted only if space is available. Registration is not complete until payment is received.

A registrant may cancel no later than Tuesday, July 9, to receive a refund, minus a \$15.00 administrative fee. After that time, no refunds are made. The registration fee will not be transferred to future offerings. Refunds are made by mail. The sponsors reserve the right to cancel the program in the event of insufficient registration. The sponsors will not be responsible for any losses incurred by registrants, including but not limited to airline cancellation charges or hotel deposits.

WAYS TO REGISTER

- 1 Complete registration form and mail to:
KUMC AHEC East
PO Box 296
Pittsburg, KS 66762
 - 2 Fax registration form to: **(620) 235-4041**
 - 3 Phone: **(620) 235-4040**
- Pre-registration deadline is June 30, 2009!**

QUESTIONS?

Call KUMC AHEC East, (620) 235-4040

REGISTRATION FORM

Kansas Health Information Technology Conference • July 14-15, 2009

name _____

please check (✓) preferred address: _____ county _____

work mailing address (street, city, state, zip) _____

home mailing address (street, city, state, zip) _____

professional title _____ professional license no. _____

place of employment _____

work phone _____ home phone _____

cell phone _____ e-mail address _____

Breakout Session Selection: Please circle one session for each block of time for a total of seven sessions

Tuesday, July 14, 2009:

Breakout #1	10:15 - 11:00 a.m.	1A	1B	1C
Breakout #2	11:00 - 11:45 a.m.	2A	2B	2C
Breakout #3	1:30 - 2:15 p.m.	3A	3B	3C
Breakout #4	2:15 - 3:00 p.m.	4A	4B	4C
Breakout #5	3:30 - 4:15 p.m.	5A	5B	5C

Wednesday, July 15, 2009:

Breakout #6	10:30 - 11:15 a.m.	6A	6B	6C
Breakout #7	11:15 - Noon	7A	7B	7C

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Method of Payment: Check enclosed for \$ _____ Make payable to **KUMC AHEC East, PO Box 296, Pittsburg, KS 66762**

P.O. # (please attach copy) _____

Charge my Credit Card: Mastercard VISA

Card # _____ Exp. Date _____

Amount authorized _____

Name on card (please print) _____

NOTICE: If you will need special accommodations, please check the box and you will be contacted personally by a member of the KUMC AHEC staff.