

DISEASE MANAGEMENT AUDIOCONFERENCE

Registration Form

1: PLEASE COMPLETE THE FOLLOWING

Name of Registrant _____

Title _____ Name of Organization _____

Mailing Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____ E-mail _____

(Fax and e-mail necessary for registration confirmation and dial in information)

2: REGISTRATION FEES

May 25, 2004 Audioconference \$345

UPDATE ON THE NEW MEDICARE CHRONIC CARE IMPROVEMENT PROGRAM

Optional Registration Code: _____

3: PAYMENT OPTIONS

Please enclose payment with your registration and return it to the conference registrar at the address below, or fax your credit card payment to 760-418-8084.

Check/money order enclosed (make checks payable to Health Care Conference Administrators, LLC)

Credit card: American Express Visa MasterCard

Account Number: _____ Expiration: ____ / ____

Name of Cardholder: _____

Signature of Cardholder: _____

Registrant Signature: _____

4: REGISTRATION SUBMISSION

Please return your application and full payment by: Fax 760-418-8084 Phone: 800-684-4549. Please make checks payable to Health Care Conference Administrators, LLC.

Or mail this form with correct tuition fee (U.S. funds) to: Conference Coordinator, 7790 Barberry Ave., Yucca Valley, CA 92284.

For more information: Call 800-684-4549 or send e-mail to Registration@HCConferences.com. Visit our website at www.PharmaAudioconferences.com.

Tax Deductibility: Expenses of training, including tuition, travel, lodging and meals, incurred to maintain or improve skills in your profession, may be tax deductible. Consult your tax advisor. Federal Tax ID: 91-1892021

Cancellation/Substitutions: No refunds will be given for cancellations.