

# PHARMA 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

**January 28, 2004 Audioconference**  \$345

THE NEW MEDICARE-ENDORSED PRESCRIPTION DRUG DISCOUNT CARD PROGRAM: HOW IT WILL WORK AND WHO WILL PARTICIPATE

**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](mailto:Registration@HCConferences.com). Visit our website at [www.PharmaAudioconferences.com](http://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.