



REGISTRATION FORM

Feel free to make copies of this form for additional attendees

FUNDAMENTALS OF MEDICAL PLANNING August 22-23, 2005	
Attendee Name:	
Title:	
Company/Agency:	
Address:	
City, State, and Zip Code:	
Telephone Number:	Fax Number:
Attendee E-mail Address:	
E-mail Addresses of Training Coordinator:	

REGISTRATION FEE:

Industry: \$795
Small Business (less than 100 employees): \$695
Government: \$595

<i>Method of Payment:</i>	
<input type="checkbox"/> Company Check (<i>payable to Market*Access International</i>)	<input type="checkbox"/> Credit Card <input type="checkbox"/> Government P.O.
Type of Credit Card (check one):	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Card Number: _____	Exp. Date: _____
Name Printed on Card: _____	
Signature (required): _____	

CANCELLATION POLICY: You may designate a substitute in writing any time before the workshop. If you need to cancel your registration, you must send your notice in writing and will be subject to a \$50 processing fee. No refunds will be given for cancellations received three business days prior to the event start date or later. PLEASE NOTE: No-shows will be liable for the entire registration fee.

Please fax this form, complete with payment information, to (703) 807-2728
or mail it with your payment to:
Market*Access International, 4301 Wilson Blvd., Suite 1003, Arlington, VA 22203

If you have questions about registration/payment, please call Pamela Greenstein at (703) 807-2758. Thank you!