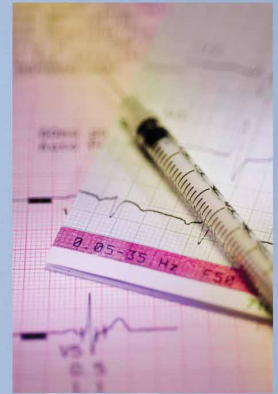




TRANSFORMING HEALTHCARE THROUGH MEANINGFUL USE

EHR + HIE + Quality Measures = Improved Outcomes

SEPTEMBER 12-15, 2010 ♦ GRANDOVER RESORT, GREENSBORO, NC



Name _____
 Title _____
 Organization _____
 Address _____
 City, State, Zip _____
 Phone _____
 e-mail _____

Please check which meals you will attend:

_____ Lunch on 9/13 _____ Breakfast on 9/14
 _____ Lunch on 9/14

Special assistance/meals required: _____

First Name for Badge: _____

May we include your email address on the attendee list?
 _____ yes _____ no

Registration Worksheet

	Member	Non-member		Quantity		Amount
Monday & Tuesday Conference	\$450	\$650	x	1	=	_____
One Day (Monday or Tuesday)	\$225	\$325	x	1	=	_____
Wednesday Workshop	\$125	\$180	x	1	=	_____
Exhibit Booth Additional Staff ¹	\$150	\$215	x	1	=	_____
Spouse ²	\$50	\$70	x	1	=	_____
Golf Tournament	\$75	\$110	x	_____	=	_____
Barn Dinner Theatre Matinee	\$43	\$43	x	_____	=	_____
Wine Tasting & Dinner	\$35	\$40	x	_____	=	_____
NC HIMSS Chapter Meeting	\$20	\$20	x	1	=	_____
Total registration fee:						_____

Spouse Name: _____

¹ Includes lunch and receptions on Monday and Tuesday; breakfast on Tuesday. Only available to companies that purchased an exhibit booth.

² Includes receptions on Monday and Tuesday; breakfast on Tuesday.

Payment

_____ Enclosed is my check made payable to **NCHICA**. Checks must be received by **September 7, 2010** or please pay at the door. EIN 56-1885202.

Please charge \$_____ to my: _____ VISA _____ MasterCard _____ AmEx

NCHICA is authorized to use the indicated credit card account to bill the total registration fee listed above.

Name on card: _____ Expiration date: _____

Account #: _____ Signature: _____

Send completed form along with payment to:

NCHICA, POB 13048, Research Triangle Park, NC 27709-3048, FAX: 919-558-2198
 If you have any questions, contact Tara Waechter at 919-558-9258 ext. 24, tara@nchica.org.