

CONFERENCE ATTENDEE 1

First Name _____ Last Name _____
Company _____
Address _____ City _____ State _____ Zip _____
Title _____ E-mail _____
Phone _____ Cell _____
Emergency Contact/Relationship (for HDMA internal use only) _____ Cell _____
 I have the following physical limitations or dietary needs: _____
 I do not have any physical limitations or dietary needs.
 My spouse/guest will be attending for an additional \$200*. (Please complete a spouse/guest registration form)
*Spouse/guest rate must be accompanied by one full paid registration and is not applicable to company attendees.

IMPORTANT DEADLINES

HDMA MUST receive all invoice payments in full prior to receiving the final appointment schedule during the week of May 7, 2012. Registration deadlines must be met in order to be included in the conference attendee list. *Company Registration: Monday, April 16, 2012; Individual Registration: Wednesday, June 6, 2012*

PAYMENT INFORMATION

Exhibit space and two attendees: \$7,500 Third and subsequent attendees: \$2,500 per person
TOTAL \$ _____
Please charge my: Mastercard Visa American Express Check # _____
Cardholder's Name _____
Billing Address _____
City _____ State _____ Zip _____
Credit Card Number _____ Exp. _____
Signature _____
Make checks payable to HDMA. Payments to HDMA are not tax deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code. Tax ID #13-1088150.

FOUR EASY WAYS TO REGISTER!

- 1. Online:** www.HealthcareDistribution.org/blc.asp
- 2. Secure and Confidential Fax:** If paying by credit card, fax this form to HDMA Meetings & Conferences Department at (703) 812-0539
- 3. Mail:** If paying by check, mail this form to HDMA, P.O. Box 79462, Baltimore, MD 21279-0462
No priority or overnight mail can be accepted at this address.
- 4. E-mail:** reg@hdmanet.org

Cancellation Policy: visit www.HealthcareDistribution.org/blc.asp for cancellation and registration transfer information.

Registration Form — SERVICE PROVIDER

Please make copies of this registration form to include additional attendees.

CONFERENCE ATTENDEE 2

First Name _____ Last Name _____

Title _____ E-mail _____

Phone _____ Cell _____

Emergency Contact/Relationship (for HDMA internal use only) _____ Cell _____

I have I do not have the following physical limitations or dietary needs: _____

My spouse/guest will be attending for an additional \$200*. (Please complete a spouse/guest registration form)

*Spouse/guest rate must be accompanied by one full paid registration and is not applicable to company attendees.

CONFERENCE ATTENDEE 3

First Name _____ Last Name _____

Title _____ E-mail _____

Phone _____ Cell _____

Emergency Contact/Relationship (for HDMA internal use only) _____ Cell _____

I have I do not have the following physical limitations or dietary needs: _____

My spouse/guest will be attending for an additional \$200*. (Please complete a spouse/guest registration form)

*Spouse/guest rate must be accompanied by one full paid registration and is not applicable to company attendees.

CONFERENCE ATTENDEE 4

First Name _____ Last Name _____

Title _____ E-mail _____

Phone _____ Cell _____

Emergency Contact/Relationship (for HDMA internal use only) _____ Cell _____

I have I do not have the following physical limitations or dietary needs: _____

My spouse/guest will be attending for an additional \$200*. (Please complete a spouse/guest registration form)

*Spouse/guest rate must be accompanied by one full paid registration and is not applicable to company attendees.

CONFERENCE ATTENDEE 5

First Name _____ Last Name _____

Title _____ E-mail _____

Phone _____ Cell _____

Emergency Contact/Relationship (for HDMA internal use only) _____ Cell _____

I have I do not have the following physical limitations or dietary needs: _____

My spouse/guest will be attending for an additional \$200*. (Please complete a spouse/guest registration form)

*Spouse/guest rate must be accompanied by one full paid registration and is not applicable to company attendees.