



## Register

» Registration fee is **\$99** which includes breakfast, lunch, and breaks.

» This program meets the AHIMA guidelines for **6** hours of continuing education credit and has been approved for **4.5** ACMPE credit hours.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Credentials: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St/Zip \_\_\_\_\_

Tel. \_\_\_\_\_ Email: \_\_\_\_\_

### Payment Information

Check

Credit card



Name on card: \_\_\_\_\_

CC# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec Code \_\_\_\_ \_

Expiration Date \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_