



# 6<sup>th</sup> Annual Florida East Coast Point of Care Conference

Sponsored by Health First Laboratory Services  
Friday, November 17, 2006 • 8:00 am – 3:00 pm

Cape Canaveral Hospital Medical Plaza Conference Center, Cocoa Beach, FL

## Health First Center for Learning Registration Form

Program:	6 <sup>th</sup> Annual POCT Conference			
Program Date/Time	November 17, 2006 from 8:00am-3:00pm			
Name:				
Professional License #:				
Email Address:				
Mailing Address:				
City, State, Zip:				
Home Phone #:				
Work Phone #:				
Place of Employment:				
I will attend the Reception/Roundtable discussion on 11/16		Yes		No

All registrations must be accompanied with payment (if required) for registration to be accepted.

### Payment Options:

- Check**– Made payable to: **HF Center For Learning**
 **Mastercard**
 **Visa**
 **Discover**

<b>Card Number</b>		<b>Expiration Date</b>	
<b>Signature</b>			

### Please mail your registration form and check payment to:

Bea Conrad  
 Health First Center for Learning  
 3470 North US 1, Melbourne, FL. 32935  
 Telephone: (321) 434-1969 Fax: (321) 254-5151 • E-mail: [beatrice.conrad@health-first.org](mailto:beatrice.conrad@health-first.org)

### Cancellation Deadline/Fees

The deadline for registration will be **Nov 10<sup>th</sup>**. I understand that cancellations must be received no later than **48** hours prior to the start time of the program and are subject to a \$5 administrative fee. Failure to provide adequate notification will result in full forfeiture of fees or a \$10 payroll deduction from my paycheck (Health First employees only)

Signature\_\_\_\_\_