



2016 Educational Seminar Registration Form

Register before Oct 15th to be entered into drawing to earn \$200 towards hotel costs.

PLEASE PRINT Legibly

NAME _____

Company _____ E-Mail _____

Mailing Address _____ State _____ ZIP _____

Daytime phone number _____

_____ Yes, I am interested in attending Thursday's sessions Nov 3rd

_____ Yes, I am interested in attending Thursday's evening mixer

_____ Yes, I will be attending Friday's sessions Nov 4th

Fees:

_____ \$40 Registration

_____ \$35 Registration AACC Member (Please send copy of your current membership card)

_____ \$0 Student Registration

(Please indicate School _____)

Limited number of students accepted, please register early!

_____ \$20 Thursday evening dinner

_____ \$25 Guest dinner

Payment Options:

_____ Check Enclosed or _____ Will be paid at Event

or _____ Credit Card



If paying by credit card:

Name as it appears on card: _____

Card Number: _____

Expiration date: _____ (ex: 12/2017)

Card Code (3 digit card verification number found on back of card) _____

Billing address:

City _____ State _____ Zip Code _____

Mail to: SWRPOCG, c/o Kathleen David, 13124 Calle Azul SE Albuquerque NM 87123

Email to: Kathleen.David@tricore.org

Checks payable to: SW Regional POCG

Please communicate any special needs or considerations, along with your nomination for POC Service Award here:

Raffle drawings will be held periodically throughout the conference!

Please check Web page periodically.
<http://www.pointofcare.net/Southwest/index.htm>