



2011 Educational Seminar Registration Form

Name _____

Company: _____

Address: _____

City _____ State: _____ Zip: _____

Telephone: _____

Email: _____

Which sessions will you be attending? (select all that apply)

- Thursday, September 22, 2011 Friday, September 23, 2011

Accommodations: A special meeting rate has been arranged for lodging. For group rate information visit our website at <http://www.pointofcare.net/Southwest/index.htm>.

Thursday Schedule: Dr. Ken Blick will present "POC Testing: An Essential Requirement for Real-Time Critical Care at the OU Medical Center" at the Bricktown Brewery, dinner provided.

Fee Due: Make checks payable to SW Regional POCG

- \$40 Registration
- \$35 Registration
- AACC Member (Please send copy of your current membership card)
- NMSCLS Member (Please send copy of your current membership card)
- Rocky Mountain Point of Care Network Member
- \$0 Student Registration (Please indicate school below. A limited # of students will be accepted, so register early!)

Mail this Registration form to: SWRPOCG
c/o Anne Gaffney
30241 Shadow Mountain Dr.
Conifer, CO 80433

Questions: For questions regarding registration form and/or payment contact anne.gaffney@dhha.org

Special Needs: For special needs or consideration, please contact tkramer@okheart.com