



# 2009

## VAHRMM Fall Conference & Vendor Exhibition

October 21<sup>st</sup>, 22<sup>nd</sup>, & 23<sup>rd</sup>

### ATTENDEE REGISTRATION

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

Designation:  1st Time Attendee  CMRP  FAHRMM  CPHM  CPM

Current Member of AHRMM:  NO  YES — AHRMM Member ID #: \_\_\_\_\_

Company / Hospital: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### CONFERENCE FEES

Full Conference:

\_\_\_ \$150.00 per person - Before October 21<sup>st</sup> - or - \_\_\_ \$175.00 per person - At the door

*Registration fees include annual VAHRMM membership dues.*

Guest Fee:

\_\_\_ \$40.00 per person - Thursday Evening Entertainment Only

Guest Name:

First: \_\_\_\_\_ Last: \_\_\_\_\_

### PAYMENT INFORMATION

Total Amount Paid: \$ \_\_\_\_\_

Payment Method: \_\_\_ CASH \_\_\_ CHECK \_\_\_ CREDIT CARD (PayPal)

Receipt Required? \_\_\_ YES \_\_\_ NO

Visit our website, [www.VAHRMM.org](http://www.VAHRMM.org) to register and pay on-line.