

Conference Registration Form

Please Print

Full Name _____

Organization/Title _____

Mailing Address _____

City _____

State _____

Zip _____

Phone _____

Fax _____

e-mail _____

Join NAQ Today and Save up to \$45!

- Annual Full Membership \$50 – save \$5 (regular rate \$55)
 Annual Student Membership \$25 – save \$5 (regular rate \$30)

Pre-conference Sessions (Tuesday) – Choose one session

- Using Transparency to Attract the Best of the Best **OR**
 Advocating for Good Healthcare: The Right Time, Right Place, Right Person, Right Way

Choose rate that applies:

- Preconference-Member \$60 (save \$10 as a member)
 Preconference-Non member \$70

Conference Rates (Wednesday-Friday) – Choose rate that applies

- Conference-Member \$195 (save \$30 as a member)
 Conference-Non Member \$225
 Daily Rate Wednesday **or** Thursday (choose one) \$100

Group Rates (copy form and attach one registration form for each registrant)

- 5-10 registrants \$200 each
 11-19 registrants \$175 each
 + 20 registrants \$150 each

Meals

- I prefer vegetarian meals (lunch)
 I plan to attend Wednesday night dinner \$75
 I plan to bring _____ guests to dinner \$75 each

Total Amount Enclosed _____

Method of Payment

- Check Enclosed (*payable to NAQ*)
 Please Invoice (*if payment is not included*)
 VISA Mastercard American Express Discover

Card No. _____ 3 digit security code (on back of card) _____

Signature _____ Exp date _____

Mail this form to:

National Association of QDDPs
2081 Calistoga Drive, Suite 1S, New Lenox, IL 60451 or
Register by phone 815-485-4781, fax 815-485-9145