

THE NATIONAL CONGRESS ON HEALTH REFORM

REGISTRATION FOR THE CONGRESS ON HEALTH REFORM ALSO INCLUDES REGISTRATION FOR THE CONGRESS ON THE UN AND UNDER INSURED.

(Preconference sessions require separate registration.)

1: PLEASE COMPLETE THE FOLLOWING

PLEASE PRINT

NAME _____
 SIGNATURE OF REGISTRANT - REQUIRED _____
 JOB TITLE _____
 ORGANIZATION _____
 DEPARTMENT _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 TELEPHONE _____
 FAX - Please include fax number if you wish to receive a confirmation letter. _____
 E-MAIL _____
 Special Needs (Dietary or Physical): _____

DISCOUNT CODE

2: REGISTRATION FEES

Preconference Registration: Monday, September 22, 2008

\$395.00:

- PRECONFERENCE I: How to Organize a Local Initiative to Care for or Cover Un and Under Insured
- PRECONFERENCE II: Health Reform Primer

Payment must be received with registration to qualify for early registration discount.

Standard Registration (DOES NOT INCLUDE PRECONFERENCE)

- Health Reform Congress (THROUGH Friday, 7/25/08) **\$895***
- Health Reform Congress (THROUGH Friday 8/15/08) **\$995****
- Health Reform Congress (AFTER Friday 8/15/08) **\$1,095**

*This price reflects a discount for registration & payment received through Friday, July 25, 2008.

**This price reflects a discount for registration & payment received through Friday, August 15, 2008.

HEALTH REFORM CONGRESS ELECTRONIC MEDIA***

When purchased with full Congress Registration:

Data DVD: \$145 **Flash Drive:** \$145 **iPOD Nano:** \$295

*** For all shipments outside the U.S., a charge of \$35 (\$75 for iPod) will be added to your order for international shipping/handling. For all shipments inside the U.S. a \$15 shipping charge will be added.

3: PAYMENT OPTIONS

Please enclose payment with your registration and return it to the National Congress on Health Reform, 3291 West Wilson Road, Pahrump, NV 89048—or fax your credit card payment to 760-418-8084.

- Check/money order enclosed (checks payable to Health Reform Congress)
- Credit card: American Express Visa MasterCard

Amount Due (from No. 2 above) TOTAL \$

ACCOUNT No. _____
 NAME OF CARDHOLDER _____ EXP. DATE / _____
 SIGNATURE OF CARDHOLDER _____
 REGISTRANT SIGNATURE _____

4: SELECT YOUR SESSIONS

INTERACTIVE WORKSHOPS (CHECK ONE FOR EACH TIME SLOT)

TUESDAY, SEPTEMBER 23

10:30 am WS IA WS IB WS IC WS ID WS IE
 1:00 pm WS IIA WS IIB WS IIC WS IID WS IIE
 2:45 pm WS IIIA WS IIIB WS IIIC WS IIID WS IIIE

5: OTHER INFORMATION

We cannot guarantee your attendance or issuance of a letter confirming attendance unless payment is received with your registration.

FOR REGISTRATION QUESTIONS: Phone: 800-684-4549 or 775-537-2311, 9am - 5pm, Pacific Time (Continental US, Alaska and Hawaii only)
 Email: registration@hcconferences.com (registration is not available by phone or email)

METHOD OF PAYMENT FOR TUITION: Make payment by check (to the Health Reform Congress), MasterCard, Visa or American Express. A \$20 fee will be charged on any returned checks. Groups: Have registration and credit card information for each person. List all group members on FAX cover sheet.

TAX DEDUCTIBILITY: Expenses of training including tuition, travel, lodging and meals, incurred to maintain or improve skills in your profession may be tax deductible. Consult your tax advisor. Federal Tax ID: 91-1892021.

CANCELLATIONS/SUBSTITUTIONS: No refunds will be given for “no-shows” or for cancellations. You may send a substitute; please call the Conference Office at 1-800-684-4549.

TERMS AND CONDITIONS: Program subject to change. Executed Registration Form constitutes binding agreement between the parties.

HOW DID YOU LEARN ABOUT THIS CONFERENCE?

- Brochure Magazine Ad Friend/Colleague E-mail Notice

TUITION SCHOLARSHIP APPLICATION: The Health Reform Congress offers a limited number of full or partial Tuition Scholarships to qualifying representatives of privacy advocates and governmental agencies. Individuals can apply for a Tuition Scholarship by completing this application or downloading it from www.HealthReformCongress.com. A variety of factors will be considered in determining the issuance of a scholarship. These factors include financial need and the desirability of geographic and organizational representation to the Conference. Funding for scholarships is limited.

Support for the Tuition Scholarship Program has been provided by the California HealthCare Foundation (<http://www.chcf.org/>).

For Questions: 800-684-4549 (Continental US, Alaska and Hawaii only) — Mon.-Fri., 9 am - 5 pm Pacific Time;
Email: registration@hcconferences.com

- Please check here if you wish to apply for a Tuition Scholarship.**

TYPE OF ORGANIZATION _____

REASONS FOR REQUESTING SCHOLARSHIP:

Please use a separate sheet of paper if necessary.

Please fax your completed form to 760-418-8084.
 Mail to: Conference Office, 3291 West Wilson Road, Pahrump, NV 89048.
 Scholarship applications will not be accepted by phone or e-mail.