

Disney's Grand Floridian Resort & Spa Lake Buena Vista, FL (Orlando Area)

July 13-16, 2017

FAX REGISTRATION FORM To: (312) 867-9109 EMAIL FORM TO: INFO@DHC-FDN.ORG

MEETING ATTENDEE INFORMATION: (please print clearly)						
First Name	Last Name				Middle Initial	
Degree (please check one) Specialty						
□ MD □ DO □ PhD □ PsyD □ DDS □ PA □ NP □ RN						
RPh PharmD Pharma Industry Other: If mailing to an office please include the Name of the Institution/Hospital						
if mailing to an office please include the Name of the institution/nospital						
Street Address, please include Suite # or Floor						
City	State/Province		Country		Zip	
city	State/Hovinee		Country	,	2.19	
Business Phone		ax				
Cell Phone (for emergency purposes)			Attendee Email Address – will receive the link for course syllabus			
Tracinate Email Fladies Will receive the limit for course symbols						
DECICED ATION FEE. (sleep about one)						
REGISTRATION FEE: (please check one) SYLLABUS:						
\$500 (MD/DO/PhD/PsyD/DDS) The hyperlink to download and/or print the PDF of the						
course syllabus will be emailed 3-5 days prior to						
\$400 (PA/NP/RN/RPh/PharmD/Pharma Ind./Other Health Prof) conference. Please provide the email address to use for						
\$150 - Daily Rate: Number of days attending the delivery of this hyperlink.						
350 - Flash Drive containing syllabus virtual book					ning syllabus Virtual Book	
☐ Thu 7/13 ☐ Fri 7/14 ☐ Sat 7/15 ☐ Sun 7/16			HOW DID YOU HEAR ABOUT THE MEETING?			
PAYMENT TYPE: (please check one)			☐ Received Postcard/Letter		☐ Attended Prior Course	
☐ Visa ☐ MasterCard ☐ Amex ☐ Discover		☐ Website – Foundation		- Foundation	☐ Print/Web Ad	
Tisa Thastereard	VISA Mastercard Amex Discover		Received Email		<u> </u>	
Total Amount to be Charged: \$			Receive	d Email	Colleague Referral	
Total / liliount to be charged ty						
CREDIT CARD/CARD OWNER INFORMATION: (please print clearly)						
Credit Card Number	(picase p			ion Date	CVV Number(3 or 4 digit code)	
C. Care Cara Harrison			LAPITAL	.o. bacc	crv Namber (3 of 4 digit code)	
Card Owner First Name	ard Owner Last Name			Middle Initial 1	elephone Number	
Credit Card Billing Address Business Name on Credit Card						
Dusiness Name on Creat Card						
City	State/Province		Country	у	Zip	
Email Address of the person to get transaction rece	int					