

FAX REGISTRATION FORM TO: (312) 867-9109

July 13-16, 2017

EMAIL FORM TO: INFO@DHC-FDN.ORG

MEETING ATTENDEE INFORMATION: (please print clearly)

First Name		Last Name		Middle Initial
Degree (please check one) <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> PsyD <input type="checkbox"/> DDS <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> RPh <input type="checkbox"/> PharmD <input type="checkbox"/> Pharma Industry <input type="checkbox"/> Other: _____			Specialty	
If mailing to an office please include the Name of the Institution/Hospital				
Street Address, please include Suite # or Floor				
City		State/Province	Country	Zip
Business Phone			Business Fax	
Cell Phone (for emergency purposes)			Attendee Email Address – will receive the link for course syllabus	

REGISTRATION FEE: (please check one)

\$500 (MD/DO/PhD/PsyD/DDS)
 \$400 (PA/NP/RN/RPh/PharmD/Pharma Ind./Other Health Prof)
 \$150 – Daily Rate : Number of days attending _____
 Thu 7/13 Fri 7/14 Sat 7/15 Sun 7/16

PAYMENT TYPE: (please check one)

Visa MasterCard Amex Discover

Total Amount to be Charged: \$_____

SYLLABUS:

The hyperlink to download and/or print the PDF of the course syllabus will be emailed 3-5 days prior to conference. Please provide the email address to use for the delivery of this hyperlink.
 \$50 - Flash Drive containing syllabus Virtual Book

HOW DID YOU HEAR ABOUT THE MEETING?

<input type="checkbox"/> Received Postcard/Letter	<input type="checkbox"/> Attended Prior Course
<input type="checkbox"/> Website – Foundation	<input type="checkbox"/> Print/Web Ad
<input type="checkbox"/> Received Email	<input type="checkbox"/> Colleague Referral

CREDIT CARD/CARD OWNER INFORMATION: (please print clearly)

Credit Card Number		Expiration Date	CVV Number(3 or 4 digit code)	
Card Owner First Name	Card Owner Last Name		Middle Initial	Telephone Number
Credit Card Billing Address			Business Name on Credit Card	
City	State/Province	Country	Zip	
Email Address of the person to get transaction receipt.				