

# Medical Staff Leadership Audioconference Series REGISTRATION FORM

## AUDIENCE:

Medical Staff Leadership and Professionals, CEOs

## DATE:

Part 1-January 19, 2010

Part 2-January 26, 2010

Part 3-February 2, 2010

Part 4-February 9, 2010

## PRICES:

MHA Members: \$150/line/session  
\$550/line/series

Non-Members: \$200/line/session  
\$700/line/series

## REGISTER BY:

5pm on January 14, 2010

## REGISTRATION INFORMATION

To ensure your spot in these very important audioconferences, please fill out the information below, completely, and fax to MHA at (406)443-3894, Attn: Jennifer Wagner

You may also register online at [www.mtha.org](http://www.mtha.org)

**REFUNDS** Fees will be refunded only if written cancellation is received by MHA by 5 pm on January 14, 2010. Fax written cancellation to MHA at (406)443-3894, Attn: Jennifer Wagner. E-mails and phone call cancellations will not be accepted.

**Contact Person:** Please fill out the contact information for the person that will be responsible for receiving and distributing dial-in information and handouts.

## Participant Information:

Facility Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Series Selection (see session dates above)

3-Part Series (\$550/\$700)  Part 1 (\$150/\$200)  Part 2 (\$150/\$200)  Part 3 (\$150/\$200)  Part 4 (\$150/\$200)

\_\_\_\_\_ Number of lines (Check those that apply, up to 3 sessions. If selecting more than 3, select 4-part series)

## Payment Information (All credit card information is required and must be complete).

Total Payment Due: \$ \_\_\_\_\_

Visa  Mastercard  Discover  American Express

Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ CVS #\* \_\_\_\_\_

Credit Card Complete Billing Address \_\_\_\_\_

Signature: \_\_\_\_\_

\*The CVS number is the 3 digit number on the back of your card. For AMEX it is 4 digits on the front

A check, payable to MHA is being mailed to P.O. Box 5119; Helena, MT 59604-5119

Please invoice me—MHA Member Facility PO#: \_\_\_\_\_

FOR INTERNAL USE ONLY: DATE PAID: \_\_\_\_\_ REGISTRATION ENTERED (DATE): \_\_\_\_\_ BY: \_\_\_\_\_

CONFIRMATION SENT (DATE): \_\_\_\_\_ BY: \_\_\_\_\_

ACCOUNTING CODE: 08.10.08  CHECK#: \_\_\_\_\_ AMT: \_\_\_\_\_  INVOICE (DATE): \_\_\_\_\_ BY: \_\_\_\_\_



For questions regarding education, please contact:  
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