

Health Resources Publishing

Registration Form

Print out this order form, complete it and return by:

Fax to: (888) 329-6242

Or mail to: Health Resources Publishing
PO Box 559
Allenwood, NJ 08720

YES! I want to learn the CY2009 OPPS final rule changes. Please sign me up for the 90-minute audio webcast, “**Management Briefing: New Medicare 2009 Outpatient PPS Final Rule Changes,**” scheduled for December 11, 2008 from 1:30 - 3:00 PM Eastern time.

	<u>Amount</u>
<input type="checkbox"/> Live Conference and CD: \$347 per site to participate in the conference and receive the CD-ROM of the conference, including the conference materials. (\$397 after December 10)	\$347
<input type="checkbox"/> Live conference only: \$247 per site to participate in the live program and receive the conference materials. (\$297 after December 10)	\$247
<input type="checkbox"/> CD-ROM: \$247 for the audio conference CD and conference materials if you cannot participate in the live conference. The CD is shipped approximately three weeks after the program.	\$247

<p>Payment Options:</p> <p><input type="checkbox"/> Check Enclosed (Make payable to Health Resources Publishing)</p> <p><input type="checkbox"/> Credit Card: <input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa</p> <p>Name on Card _____</p> <p>Card Number _____</p> <p>Expiration Date _____</p> <p>Signature _____</p>	<p>(CD-ROM Only) NJ Sales Tax @ 7% (only if shipping to NJ) Enter Tax ID or VAT # if exempt.</p>	
	<p>Shipping and Handling (\$4.95 for CD-ROM Only)</p>	
	Grand Total	

Yes! I want to receive the following FREE email newsletters. I've provided my email address below.

Our tax I.D. number:
41-2219404

- Healthcare Industry Weekly Watch
 Managed Care Weekly Watch
 Women's Health Professional News Brief
 Wellness Junction Professional Update
 Managed Care Vendor Sales Insight

Registration Contact:

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zipcode _____

Phone _____ Fax _____

E-Mail _____

Order/discount code _____

Billing Information

Same as registration address

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zipcode _____

Phone _____ Fax _____

By providing your mail, phone, fax and email address you agree to receive communications from HRP via mail, fax, and email.