

# 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 be prepared for the New Medicare Hospice COPs. Please register me for the 90-minute audio conference “Do Not Wait: Medicare Hospice COPs: What You Need To Know About the Final Rule,”** scheduled for Thursday, January 11, 2007, 1:30 - 3:00 PM (Eastern Time). I'll pay only \$227 (per site) to participate in the live program and receive the conference materials.\* (\$277 after January 5)

\* Note: No recorded CD-ROM will be available for this conference. This program is limited to “live” participation only!

	<u>Amount</u>
<input type="checkbox"/> Live conference: \$227 per site to participate in the live program and receive the conference materials. (\$277 after January 5)	\$227

#### Payment Options:

Check Enclosed \$227 (per site) payable to Health Resources Publishing

Credit Card:  Amex  MasterCard  Visa

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

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

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.