

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 strategies for lean times and learn how hospitals can respond immediately and over time to not just survive, but thrive and prosper. Please register me for the 90-minute audio conference "Healthcare Reform Strategies for Lean Times: Helping Hospitals to Minimize Errors and Waste, Transform the Workforce and the Workplace and...Optimize Performance, Patient Safety & Profitability," scheduled for Thursday, October 29, 2009 from 1:30 - 3:00 PM Eastern Time.

| | <u>Amount</u> |
|---|---------------|
| <input type="checkbox"/> Live Conference and CD: \$259 per site to participate in the conference and receive the CD-ROM of the conference, including the conference materials. (\$299 after Oct 26) | \$259 |
| <input type="checkbox"/> Live Conference Only: \$159 per site to participate in the live program and receive the conference materials. (\$199 after Oct 26). | \$159 |
| <input type="checkbox"/> CD-ROM and Conference Materials Only: \$159 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. | \$159 |

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| <p>Payment Options:</p> <p><input type="checkbox"/> Check Enclosed (Make payable to Health Resources Publishing)</p> <p><input type="checkbox"/> Credit Card:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover</p> <p>Name on Card _____</p> <p>Card Number _____</p> <p>Security Code _____</p> <p>Expiration Date _____</p> <p>Signature _____</p> | <p style="text-align: center;">(CD-ROM Only) NJ Sales Tax @ 7% (only if shipping to NJ) Enter Tax ID or VAT # if exempt.</p> <hr/> <p style="text-align: center;">Shipping and Handling (\$4.95 for CD-ROM Only)</p> <hr/> <p style="text-align: center;">Grand Total</p> |
|---|--|

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 _____

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City _____ State _____ Zipcode _____

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