

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 the latest help on complying with the new provisions of the FTC Red Flags Rule. Please register me for the 60-minute audio conference **“Will Your Organization Be In Compliance With the Identity Theft FTC Red Flags Rule?”** scheduled for Thursday, July 16, 2009 from 1:30 - 2:30 PM EDT.

	<u>Amount</u>
<input type="checkbox"/> Live Conference and CD: \$257 per site to participate in the conference and receive the CD-ROM of the conference, including the conference materials. (\$307 after July 13)	\$257
<input type="checkbox"/> Live Conference Only: \$157 per site to participate in the live program and receive the conference materials. (\$207 after July 13).	\$157
<input type="checkbox"/> CD-ROM and Conference Materials Only: \$157 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.	\$157

<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>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 _____

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.