



## ATTENDEE REGISTRATION FORM

To register, please type or print all information requested below. A separate form must be completed for each conference registrant.

Name \_\_\_\_\_ First Name for Name Badge \_\_\_\_\_

Title \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Web site \_\_\_\_\_

### Conference Fees:

Attendees of the CIC-DC Beyond Health Care Reform Seminar Special Registration	\$425 1 <sup>st</sup> Registrant \$295 2 <sup>nd</sup> Registrant same firm
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### Hotel Accommodations:

Please contact the hotel directly for availability and reservations.

**The Madison, A Loews Hotel**  
 1177 15<sup>th</sup> Street, NW  
 Washington, DC 20005  
 Telephone: (202) 862-1600  
[www.loewshotels.com](http://www.loewshotels.com)

**Cancellation Policy:** Written cancellations received on or before September 1, 2010, will receive a refund of 50% of the registration fee. Due to hotel and staffing commitments, all registrations and cancellations received after September 1, 2010 and all no-shows are not eligible for a refund. However, substitutions are permitted in advance and onsite.

### Payment Information:

Total Amount Due: \$ \_\_\_\_\_

Enclosed is my check made payable to CIC-DC in US Funds.  
 Please charge:  MC  Visa  American Express  Discover

Card No. \_\_\_\_\_

Card in the Name of \_\_\_\_\_

Billing Address (if different than above)

\_\_\_\_\_

VAL Code (MC, Visa, Discover—last 3 digits on card back; AMEX—4 digits on card front)

\_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**Please mail or fax your registration form to:**

CIC-DC ▪ 1250 H Street NW, Suite 901 ▪ Washington, DC 20005 ▪ Fax: (202) 463-8155  
 Questions? Please call CIC-DC Headquarters at (888) 302-4232 or visit [www.dccaptives.org](http://www.dccaptives.org)