

# THE THIRD NATIONAL CONSUMER DRIVEN HEALTHCARE SUMMIT

## 1: PLEASE COMPLETE THE FOLLOWING

PLEASE PRINT

NAME \_\_\_\_\_

SIGNATURE OF REGISTRANT - REQUIRED \_\_\_\_\_

JOB TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

FAX - Please include fax number if you wish to receive a confirmation letter. \_\_\_\_\_

E-MAIL \_\_\_\_\_

Special Needs (Dietary or Physical)

DISCOUNT CODE

## 2: REGISTRATION FEES

**Preconference Registration: October 19, 2008**

\$495.00 (SELECT ONE PRECONFERENCE)

Preconference I: **Consumer Driven Plans Workshop**

Sponsored by the Consumer Driven Health Care Institute

Preconference II: **Provider Issues in Consumerism**

**Payment must be received with registration to qualify for early registration discount.**

**Summit Registration (DOES NOT INCLUDE PRECONFERENCE):**

Consumer Driven Summit (THROUGH FRIDAY 9/12/08) **\$1,195.00\***

Consumer Driven Summit (AFTER FRIDAY 9/12/08) **\$1,495.00**

\*This price reflects a discount for registration and payment received through Friday, Sept. 12, 2008.

### INCENTIVES INSTITUTE:

**Also Register to Attend any Incentives Institute Sessions**

\$ 495.00

### ADDITIONAL MATERIALS:

Consumer Driven Care Guidebook \$ 178.00

### SUMMIT ELECTRONIC MEDIA\*\*

**When purchased with full Summit Registration:**

**Data DVD:**  \$145 **Flash Drive:**  \$145 **iPOD Nano:**  \$295

\*\* For all shipments outside the U.S., a charge of \$35 (\$75 for iPOD) will be added to your order for international shipping/handling. For all shipments inside the U.S. a \$15 shipping charge will be added.

## 3: PAYMENT OPTIONS

Please enclose payment with your registration and return it to the Summit Registrar, 3291 West Wilson Road, Pahrump, NV 89048 — or fax your credit card payment to 760-418-8084.

You may also register online at [www.ConsumerDrivenSummit.com](http://www.ConsumerDrivenSummit.com)

Check/money order enclosed (checks payable to The National Consumer Driven Healthcare Summit)

Credit card:  American Express  Visa  MasterCard

Amount Due (from No. 2 above)

TOTAL \$

ACCOUNT No. \_\_\_\_\_

NAME OF CARDHOLDER \_\_\_\_\_ EXP. DATE / \_\_\_\_\_

SIGNATURE OF CARDHOLDER \_\_\_\_\_

REGISTRANT SIGNATURE \_\_\_\_\_

## 4: SELECT YOUR SESSIONS

**CONCURRENT TRACK SESSIONS** (CHECK ONE FOR EACH TIME SLOT)

**Monday, October 20, 1:15 pm**

1.01  1.02  1.03  1.04  1.05  1.06

**2:30 pm**

2.01  2.02  2.03  2.04  2.05  2.06

**3:45 pm**

3.01  3.02  3.03  3.04  3.05  3.06

**5:00 pm**

4.01  4.02  4.03  4.04  4.05  4.06

**Tuesday, October 21, 2:30 pm**

5.01  5.02  5.03  5.04  5.05  5.06

## 5: OTHER INFORMATION

**We cannot guarantee your attendance or issuance of a letter confirming attendance unless payment is received with your registration.**

**For Registration Questions:** Phone: 800-684-4549

(Continental US, Alaska and Hawaii only) or 775-537-2311

Email: [registration@hcconferences.com](mailto:registration@hcconferences.com)

(registration is not available by phone or email)

### METHOD OF PAYMENT FOR TUITION

Make payment by check (to The National Consumer Driven Healthcare Summit), MasterCard, Visa or American Express. A \$20 fee will be charged on any returned checks. Groups: Have registration and credit card information for each person. List all group members on FAX cover sheet.

### TAX DEDUCTIBILITY

Expenses of training including tuition, travel, lodging and meals, incurred to maintain or improve skills in your profession may be tax deductible. Consult your tax advisor. Federal Tax ID: 91-1892021.

### CANCELLATIONS/SUBSTITUTIONS

No refunds will be given for "no-shows" or for cancellations. You may send a substitute; please call the Conference Office at 1-800-684-4549.

### TERMS AND CONDITIONS

Program subject to change. Executed Registration Form constitutes binding agreement between the parties.

### How did you learn about this conference?

Brochure  Magazine Ad  Friend/Colleague  E-mail Notice

## Hotel Accommodations

Special rates of \$279.00 single/double per night (plus tax) have been arranged for Summit Attendees. Please make reservations directly with the Marriott Wardman Park and mention "National Consumer Driven Healthcare Summit" to receive the reduced rate. Reservations will be accepted until Friday, September 26, 2008. After this date, reservations will be accepted on a space-available basis at the prevailing rate.

**Marriott Wardman Park**

**2660 Woodley Road, NW • Washington, DC 20008 • 202-328-2000**

[www.marriott.com/hotels/travel/wasdt-marriott-wardman-park-hotel/](http://www.marriott.com/hotels/travel/wasdt-marriott-wardman-park-hotel/)