



2010 MedInformatix Joint User Group Meeting

Registration Form

Registrant Information

Name	
Title	
Practice Name	
Street Address	
City, ST, ZIP Code	
Work Phone	
Cell Phone	
E-Mail Address	

Registration Options

Please Select the Days you would like to attend.

		Early Bird Discount Received Before June 30 th	Regular Registration
<input type="checkbox"/> Wednesday	Practice Management/ IT Track	\$200.00	\$250.00
<input type="checkbox"/> Thursday	EMR Focus Group	\$200.00	\$250.00
<input type="checkbox"/> Friday	Site Specific Training (Limited Availability, First Come First Serve)	\$200.00	\$250.00

Session Selections

Select all sessions you would like to attend, please refer to course descriptions and meeting schedule for list of class and time.

Wed, 8/4	Thursday, 8/5	Friday, 8/6
<input type="checkbox"/> Scheduling	<input type="checkbox"/> EMR Focus Group Specialty: _____	<input type="checkbox"/> Tour of MedInformatix Office (Free for all attendees!)
<input type="checkbox"/> Reporting		<input type="checkbox"/> Site Specific Training
<input type="checkbox"/> Collection		
<input type="checkbox"/> Billing		
<input type="checkbox"/> Advance Configuration/ Security		
<input type="checkbox"/> Database Utilization		
<input type="checkbox"/> Hardware/ System Management Round Table		

Special Requests

Daily Lunch will be provided for each paid registrations. Please list out any dietary request and other special requests in the space below:

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Training Requirements

Please review and initial the following requirements for the Annual User Group Meeting:

_____ For best training result, I acknowledge that it is highly recommend for me to bring a personal laptop to practice during the meeting.
_____ I acknowledge that certain courses have technical requirements, which must be met in order to be enrolled in the course.

Emergency Contact

Name	
Phone	

Payment

Registration will be confirmed upon receipt of full payment.

Please make checks payable to MedInformatix. and remit your payment and registration to:

2010 User Group Meeting
Attn: Wenyan Guo
MedInformatix, Inc
5777 West Century Blvd. Ste 1700
Los Angeles, CA 90045

Confirmation, Cancellation and Refund

All registration received will be confirmed by fax and/or email.

If you must cancel for any reason, notify us in writing by June 30, 2010 to receive a full refund minus \$50 cancellation fee.

Cancellation received after July 15th, 2010 will receive a full refund minus \$100 cancellation fee.

No refund will be given for cancellations received after July 15th, 2010.

Agreement and Signature

By submitting this registration, I accept the terms and conditions described above.

Name (printed)	
Signature	
Date	