

2009 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 April 30 th	Regular Registration
<input type="checkbox"/> Wednesday	Practice Management	\$200.00	\$250.00
<input type="checkbox"/> Thursday	Electronic Medical Records	\$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, 7/29	Thursday, 7/30	Friday, 7/31
<input type="checkbox"/> Scheduling Refresher Course	<input type="checkbox"/> Round Table Discussion	<input type="checkbox"/> Tour of MedInformatix Office (Free for all attendees!)
<input type="checkbox"/> Advance Scheduling	<input type="checkbox"/> PM Reporting	<input type="checkbox"/> Site Specific Training
<input type="checkbox"/> Billing Refresher Course	<input type="checkbox"/> Advance Reporting	
<input type="checkbox"/> Advance Billing	<input type="checkbox"/> EMR Focus Group	
<input type="checkbox"/> Collection		
<input type="checkbox"/> Security		
<input type="checkbox"/> Road to EMR Implementation		
<input type="checkbox"/> EMR Refresher Course		
<input type="checkbox"/> Clinical Reporting		
<input type="checkbox"/> EMR Customization		
<input type="checkbox"/> Advance EMR Customization		

Fax your Registration Form: (310) 348-7330 or E-mail to: Kristine@medinformatix.com

Special Requests

Daily Lunch will be provided for 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.

Person to Notify in Case of Emergency

Name	
Phone	

Payment

Registration will be confirmed upon full payment.

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

2009 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 1, 2009 to receive a full refund minus \$50 cancellation fee.

Cancellation received after June 1, 2009 will receive a full refund minus \$100 cancellation fee.

No refund will be given for cancellations received after July 1, 2009.

Agreement and Signature

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

Name (printed)	
Signature	
Date	

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