






**CENTER FOR HEALTHCARE  
SUPPLY CHAIN RESEARCH**  
HDMA KNOWLEDGE PARTNER

## SEMINAR REGISTRATION FORM

### Supply Chain Security

May 10-11, 2010 • Westin Alexandria  
400 Courthouse Square • Alexandria, VA 22314  
(703) 253-8600 • [www.Westin.com/Alexandria](http://www.Westin.com/Alexandria)

### 3 EASY WAYS TO REGISTER

-  **ONLINE:** [www.HealthcareDistribution.org](http://www.HealthcareDistribution.org)
-  **MAIL:** Center for Healthcare Supply Chain Research  
901 N. Glebe Rd., Arlington, VA 22203
-  **FAX:** 703-812-0539

To avoid duplicate registrations, please do not mail faxed forms. Please read this form completely and type or print all information clearly. The information for your conference badge will be taken directly from this form.

Full name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Nickname (for badge) \_\_\_\_\_  
 Company \_\_\_\_\_  
 Registrant's mailing address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Emergency contact \_\_\_\_\_  
 Relationship \_\_\_\_\_ Cell phone \_\_\_\_\_

I have a physical limitation or dietary need. I will send my requirements to Donna Motley at [dmotley@hdmanet.org](mailto:dmotley@hdmanet.org).

### PAYMENT METHOD

- Check (payable to Center for Healthcare Supply Chain Research in U.S. Funds)
- MasterCard    VISA    American Express

Credit card number \_\_\_\_\_  
 Expiration date (required) \_\_\_\_\_  
 Name as it appears on card \_\_\_\_\_  
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 Billing address \_\_\_\_\_  
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*Your registration form must be accompanied by payment in order to be processed. Meeting registration payments to the Center are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.*

### QUESTIONS?

Contact Donna Motley  
at (703) 885-0285 or  
[dmotley@hdmanet.org](mailto:dmotley@hdmanet.org).

### REGISTRATION FEES

First attendee  
 \$895

Additional attendee(s)  
 \$695

The registration fee includes all seminar materials and conference functions.

### REGISTRATION CANCELLATION POLICY

Cancellations must be postmarked, faxed or e-mailed to Anne Johnson ([ajohnson@hdmanet.org](mailto:ajohnson@hdmanet.org)) by **Monday, April 26, 2010** for a partial refund. A \$200 processing fee will apply. No refunds will be issued for cancellations received or postmarked after **Monday, April 26, 2010**. Registrations are transferrable among individuals within the same company.