






**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

3 EASY WAYS TO REGISTER

-  **ONLINE:** 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.

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 _____
 Signature _____
 Card holder's information (if different than registrant)
 Name _____
 Billing address _____
 City _____ State _____ Zip _____

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 Suzanne Cleary
at (703) 885-0285 or
scleary@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) 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.