

**Complete the Registration Form Below and**

**(1) Fax this page with credit card info to**

**Margaret Wong at Fax (949) 824-2494 (secure and private fax)**

**or backup Fax (949) 725-2864 (secure e-fax)**

**\*\*\*No Cover Sheet Necessary\*\*\***

**(2) Or mail with check payable to UC Regents, to attention of Margaret Wong**

**UCI Paul Merage School of Business, Irvine, CA 92697-3125 (No street # or name necessary.)**

**2010 Health Care Forecast Conference  
Thursday and Friday, February 25-26, 2010  
Irvine, California**

**Registration Form**

**Credit Card and Checks are Accepted for Registration Fee of**

**\$595.00 Per Person On or Before Friday, February 12, 2010.**

**After that date, Registration Fee of \$695 per person applies.**

**\$455 Per Person On or Before Friday, February 12, 2010, for UCI Faculty, UCI Staff and UCI Alumni,  
County, State or Federal Government, After that date, Registration Fee of \$695 Per person applies.**

***(Credit Card information or Checks must accompany registration forms.)***

***For Credit Card payments, the University requires a signature for each credit card charge. Thank you!!***

***A conference brochure will be mailed to you in January 2010. For additional information,  
call Margaret Wong at (949) 824-8474, fax (949) 824-2494 or email at mwong@uci.edu.***

**Please use a separate registration form for each registrant.**

Name \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ (All conference follow-up will be sent by email.)

**Payment method – Check one**

\_\_\_\_\_ Amex      \_\_\_\_\_ VISA      \_\_\_\_\_ Mastercard      \_\_\_\_\_ Discover      \_\_\_\_\_ Check

Credit Card No. \_\_\_\_\_ Exp. \_\_\_\_\_

Reg. Fee \$ \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_