



2010 Health Care Forecast Conference

February 25-26, 2010 ♦ Irvine, California

Registration Form

Name _____

Title _____

Company Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Fax _____

Email _____

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

Last five digits of Medical License # _____
(mandatory for physicians)

Registration Fees

- Regular
\$595 per person
- Two or more from same organization
\$545 per person
- UC faculty, UC staff, UC alumni, and county, state or federal government employees
\$455 per person
- All registrations after February 12, 2010**
\$695 per person

Payment

Amount enclosed or charged to credit card: \$ _____
(Checks should be made payable to UC Regents.)

Method of payment: Check Discover
 MasterCard VISA American Express

Card No. _____ Exp. _____

Signature _____ Date _____

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In compliance with the Americans With Disabilities Act, we will make every reasonable effort to accommodate your needs. For any special requests, please call Margaret Wong on or before February 12, 2010.

Complete and fax registration form with credit card info to Margaret Wong at (949) 824-2494 (secure and private fax – no cover sheet necessary) or mail with check payable to **UC Regents** to:

Margaret Wong
The Paul Merage School of Business, UC Irvine
Irvine, CA 92697-3125
(No street # or name necessary.)

Credit card information or check must accompany registration form. Registrations by mail will be accepted with a postmark no later than Friday, February 12, 2010. After this date registrations will be accepted by FAX only with credit card payment. For additional information, call Margaret Wong at (949) 824-8474, fax (949) 824-2494, or email at mwong@uci.edu.

Please make copies and use a separate registration form for each registrant.