



2007 Health Care Forecast Conference

February 22-23, 2007

Irvine, California

Early Bird Registration Form

(Please respond by January 5, 2007.)

Name _____ Title _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

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

Last five digits of SS# or Medical License # _____

(mandatory for physicians)

Registration Fees

Early Bird \$475 per person

Early Bird UCI faculty, staff and alumni \$375 per person

Regular admission of \$575 per person is effective after December 15, 2006.

Payment

Amount enclosed or charged to credit card: \$ _____

Checks should be made payable to **UC Regents**.

Method of payment: Check MasterCard VISA American Express Discover

Card No. _____ Exp. _____

Signature _____ Date _____

In compliance with the Americans with Disabilities Act, please contact Margaret Wong no later than February 9, 2007 at (949) 824-2494. Every effort will be made to accommodate your special request.

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

UC Irvine, Paul Merage School of Business

Irvine, CA 92697-3125

(No street # or name necessary.)

Credit card information or check must accompany registration form. A conference brochure will be mailed in January 2007. For additional information, call Margaret Wong at (949) 824-8474, fax (949) 824-2494 or email at chcmp@merage.uci.edu.

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