



2007 Health Care Forecast Conference

February 22-23, 2007

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 SS# or Medical License # _____
(mandatory for physicians)

Registration Fees

- | | |
|---|------------------|
| <input type="checkbox"/> Regular | \$575 per person |
| <input type="checkbox"/> Two or more from same organization | \$525 per person |
| <input type="checkbox"/> UC faculty, staff, alumni, and county, state or federal government | \$450 per person |
| <input type="checkbox"/> All registrations after February 9, 2007 | \$675 per person |

Payment

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

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.