



REGISTRATION FORM

Name (print as you'd like it to appear on your badge): _____

Title: _____

Affiliation: _____

Street: _____

City/State/Zip _____

Telephone: _____ Fax: _____

E-mail: _____

Registration Fees:

- Members (of NAPHS): \$650 Non-members: \$725

TOTAL: \$ _____

NOTE: Registrants unable to attend may send an alternate.

Congressional Briefing RSVP:

Due to space limitations, we need to know if you plan to attend Tuesday's congressional briefing at 3pm. The event will be held at the Gold Room (2168 Rayburn House Office Building). Please bring a driver's license or other photo ID with you. There is no additional charge to meeting registrants for this event.

- YES.** I will attend the congressional briefing on Capitol Hill on Tuesday, March 9, at 3pm.

Payment:

- Enclosed is my check for \$ _____ made payable to NAPHS.

- Please charge my: American Express Visa* MasterCard*

***VISA/MASTERCARD HOLDERS: YOU MUST PROVIDE YOUR THREE-DIGIT CVV CODE, WHICH CAN BE FOUND ON THE BACK OF YOUR CARD.** _____

Account number: _____ - _____ - _____ Expiration date: _____

Signature: _____

Please send completed registration form and payment to:

Before September 1, 2009: NAPHS Annual Meeting, 701 13th Street, NW, Suite 950, Washington, DC 20005-3903

After September 1, 2009: NAPHS, Annual Meeting, 900 17th Street, NW, Suite 420, Washington, DC 20006-2507

Phone: 202/393-6700 Fax: 202/783-6041 E-mail: naphs@naphs.org

For questions about meeting registration, please call Tia Boyd at 202/393-6700, ext. 106.

Cancellation Policy:

Registration fees, less a \$50 cancellation fee, are refundable if notice is received in writing by March 1, 2010 (five working days prior to the program). Refunds will *not* be made after that time.