



**HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA
2004 HEALTH CARE SUMMIT
September 22-24, 2004 • the Fairmont Hotel, San Francisco**

SUMMIT REGISTRATION

REGISTRATION INFORMATION

- Early Registration Discount for Hospital Council members:
Register by July 23, 2004 and pay just \$375. After July 23, the regular registration rate of \$425 applies.
- Registration will not be processed without payment.

HOW TO REGISTER

Mail the registration form and payment to:

**2004 Hospital Council Health Care Summit
1215 K Street, Suite 730
Sacramento, CA 95814**

For payment by credit card only:

Fax the registration form to: **(916) 552-2618**

CANCELLATIONS AND REFUNDS

Cancellations must be made in writing to the address or fax listed above. A full refund will be given for cancellations received on or before August 20, 2004 only. Cancellations received after August 20, and non-attending registrants, are responsible for the full registration fee. Substitutions are encouraged. Payments not received on or before September 1, 2004 are subject to a 10% late fee.

ADDITIONAL NOTES

- Your registration fee includes Thursday lunch at The Fairmont Hotel and dinner at Teatro ZinZanni (free transportation to the dinner is included).
- To play in the golf tournament, you must check the golf tournament box on the registration form and pay the additional fee. Golf is not included in the registration fee.

REGISTRANT INFORMATION

Full Name _____

Name on Badge _____

Title _____ Organization _____

\$375 Member Early Bird (by July 23, 2004) \$425 Member after July 23, 2004

\$650 Non-Member \$175 Spouse/Guest Name _____

\$50/Child (Ages 0 - 16) ___ # of children Name(s) _____

\$125 Golf Tournament (Wednesday) Handicap: _____

Special Meal Requirements _____

BILLING INFORMATION

First Name _____ Last Name _____

Company _____

Telephone _____ E-mail _____

Street Address _____

City _____ State _____ Zip/Post Code _____ Country _____

PAYMENT INFORMATION

Payment Method: Visa MasterCard Check

Credit Card Number _____

Name on Credit Card _____ Expiration Date _____

AMERICANS WITH DISABILITIES ACT: If you require special accommodations pursuant to the Americans with Disabilities Act, please call 888-326-6951.