

2010 NCAHRMM
Spring Education Conference & Vendor Fair
Hilton Wilmington Riverside
Wilmington, NC
May 2-5, 2010

HOSPITAL REGISTRATION FORM

A separate registration form is required for EACH hospital Attendee

ONLINE REGISTRATION: www.ncahrmm.org

NAME: _____

TITLE: _____

HOSPITAL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

ARE YOU A CMRP? YES NO

ARE YOU A **NEW** MEMBER TO NCAHRMM? YES NO

ARE YOU A MEMBER OF (National) AHRMM? YES NO

If you need to **RENEW** or **BECOME** a MEMBER, go to www.ncahrmm.org

CONFERENCE FEES:

MEMBER (Early Bird*) \$100.00 _____

MEMBER (After 4/1/10) \$135.00 _____

GUEST (Includes meals & events) \$75.00 _____

GUEST NAME FOR BADGE: (Must be Spouse, Significant Other, or Child)

Golf \$75.00 _____

NON-MEMBER (Early Bird*) \$175.00 _____

NON-MEMBER (After 4/1/10) \$200.00 _____

TOTAL DUE _____

Dinner Tuesday is included in your conference fees.
Will you be attending the dinner function? YES NO

*To qualify for Early Bird, Payment and Registration form must be received by 4/1/10.

PAID REGISTRATION DUE BY: April 16, 2010

REGISTER ONLINE: www.ncahrmm.org
or SEND CHECK AND REGISTRATION FORM TO:

Tax ID: 56-1405570

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