

IHIMA Annual Meeting ~ REGISTRATION FORM
Primo Banquet and Conference Center ~ April 19, 20 & 21, 2010
“HOPE IN A NEW DECADE”

Please type or print: AHIMA ID# _____ *

***Required for AHIMA ACTIVE member designation pricing ~ all other member type pay non-member fee – you will be billed for difference if your designation per AHIMA is not ACTIVE. Questions, please call.**

NAME _____

() RHIA () RHIT () CCS () STUDENT () OTHER

MAILING ADDRESS _____

PHONE _____ EXT _____ FAX _____

EMPLOYER _____

TITLE _____

E-MAIL _____

(E-mail address will NOT be released–for updates and communication only)

Please indicate if you are any of the following:

- () Program Director () Member Annual Meeting Comm.
 () Speaker () Member Executive Board (1/2price)
 () Student – AHIMA or IHIMA – ID# _____

Hotel Information:

See attached flyer for Hotel options/information

Please check which sessions you plan to attend each day–this helps us plan for the appropriate space per session:

Monday () General Session

Tuesday () General Session () Breakout Session

Wednesday () General Session () Coding Session

Registration Fees: paypal/email by 11:00pm EST 4/1/10

Note: It will take two (2) business days to set up a personal or office paypal account. Plan accordingly for POSTMARK DEADLINES.

Registration Fee (postmarked by 4/1/10)

- 3 Day/ACTIVE Member ID# required \$250.00 _____
 3 Day/Non-Member \$320.00 _____
 Daily/ACTIVE Member ID# required \$100.00 _____
 Daily/Non-Member \$135.00 _____
 All Students \$25.00 per day of attendance # days _____

***If not postmarked by date, the balance will be invoiced to you.**

Walk-in Fee (postmarked after 4/1/10)

- 3 Day/ACTIVE Member ID# required \$300.00 _____
 3 Day/Non-Member \$370.00 _____
 Daily/ACTIVE Member ID# required \$125.00 _____
 Daily/Non-Member \$160.00 _____
 All Students walk-in fee \$30.00 per day of attendance # days _____

AMOUNT ENCLOSED \$ _____

Please NOTE:

1. ***Only one registrant per form.***
 Paypal payment & on-line registration available. Please send your payment to centraloffice@ihima.org via email.
2. **No substitute allowed if meeting/day not attended – each attendee required to register and pay fee.**
3. All late registrations will be assessed the additional fee - which is included in the prices quoted - if not received as per postmark date/deadline as above.
4. IHIMA reserves the right to change the program without notice.
5. Feel free to make copies of the registration form and share with others.
6. Registration fee includes: All lunches, breaks, handouts and fees for educational sessions.
7. Please let us know before April 1, 2010, if you have a special need or require a special meal.

CANCELLATIONS:

All cancellations must be made in writing to the Central Office by March 31, 2010 & will be subject to a 40% processing fee. Cancellations received after 3/31/2010 will forfeit the entire fee.

**Please return this form and check made payable to:
 IHIMA Central Office - P.O. Box 96
 Ireland, IN 47545-0096
 Phone: 812-630-3598/E-mail centraloffice@ihima.org**

FOR OFFICE USE ONLY

Postmark Date: _____ Check #: _____ Amount: _____ Date Entered _____