

2010 Registration Form
WHIMA Fall Conference
Early Registration Deadline is September 1

PLEASE PRINT	Are you WHIMA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	First time Attendee? <input type="checkbox"/> Yes <input type="checkbox"/> No	HIM Educator? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHIMA Student Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name _____ Last Name _____		Credentials _____		
Nickname for Badge _____	Job Title _____	Department _____		
Employer _____	Employer Address _____	City _____	State / Zip _____	
Work Phone _____	Work Fax _____	Work e-mail (to receive confirmation) _____		
Preferred mailing address <input type="checkbox"/> Work <input type="checkbox"/> Home	Home Address _____	City _____	State / Zip _____	
AHIMA NUMBER, if member _____	Home Phone _____	Home e-mail _____		

Please check:

- Special Dietary Requirement Physically Challenged: Send written description of your needs with this form

Conference Program Registration Fees

		WHIMA Member By 9/1	Non-Member By 9/1	Member & Non Member After 9/1	WHIMA Student Member	Group 3 or more same facility by 9/1 ■	Group 3 or more same facility After 9/1 ■
Your Fee \$ _____	Full Conference Pass	\$185	\$200	\$260	\$85	\$170 each	\$200 each
\$ _____	Thursday Conference Pass	\$150	\$165	\$225	\$65	\$135 each	\$175 each
\$ _____	Friday Conference Pass	\$115	\$130	\$190	\$50	\$100 each	\$140 each
\$ _____	Boat Ticket	\$25	\$25	\$25	\$25	N/A	N/A
\$ _____	TOTAL AMOUNT ENCLOSED	<i>Check, purchase order or credit card information must accompany all registration forms. Add \$25 to above fees for on-site registration.</i>					

■ **Group discount fees** are applicable only if all registrations are received together and from the same facility (student members are ineligible)!

Payment Options: Check, purchase order or credit card must accompany all registration forms. To use a credit card, a minimum of \$100 is required. Accepted credit cards are Visa, MasterCard and Discover. Full payment must accompany this completed form for registration to be processed.

Check enclosed PO# _____ (send copy of actual PO) Credit Card (Minimum \$100)

Credit Card Number: _____ Expiration: (XX/YY) _____ / _____

Name on Card: _____ Signature: _____

Cardholder Address: _____ State/Zip Code: _____

By registering, you agree to all the terms and conditions for cancellation and refund.

Mail to: Wisconsin Health Information Management Association
2350 South Avenue, Suite 107, La Crosse, WI 54601-6272
Phone: 608-787-0168 Fax: 608-787-0169 Email: whima@whima.org