

June 15-16, 2010

GOVERNMENT

HEALTH IT
conference & exhibition

brought to you by HIMSS

REGISTRATION FORM

First Name _____ Last Name _____
 Company _____ Title _____
 Address _____
 City _____ State _____ Zip _____
 Email _____ Phone _____

GHIT REGISTRATION

| | HIMSS Member | Non-Member |
|-------------------------|--------------------------------|--------------------------------|
| Government/Non-Profit | <input type="checkbox"/> \$715 | <input type="checkbox"/> \$895 |
| Industry/Non-Government | <input type="checkbox"/> \$715 | <input type="checkbox"/> \$895 |
| Expo Only | <input type="checkbox"/> \$75 | <input type="checkbox"/> \$75 |
| Student | <input type="checkbox"/> \$45 | <input type="checkbox"/> \$45 |

GHIT REGISTRATION + SUMMIT REGISTRATION

| | HIMSS Member | Non-Member |
|-------------------------|--------------------------------|--------------------------------|
| Government/Non-Profit | <input type="checkbox"/> \$760 | <input type="checkbox"/> \$845 |
| Industry/Non-Government | <input type="checkbox"/> \$760 | <input type="checkbox"/> \$945 |

POLICY SUMMIT 'ONLY' REGISTRATION

| | HIMSS Member | Non-Member |
|---------------------------|--------------------------------|--------------------------------|
| On or before May 19, 2010 | <input type="checkbox"/> \$65 | <input type="checkbox"/> \$300 |
| On or after May 20, 2010 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$300 |

CPHIMS ACTIVITIES

| | HIMSS Member | Non-Member |
|--|--------------------------------|--------------------------------|
| CPHIMS Review June 14 th 8:00 AM – 4:30 PM | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$250 |
| CPHIMS Exam AM June 15 th 10:00 AM – 12:00 PM | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$375 |
| CPHIMS Exam PM June 15 th 2:00 PM – 4:00 PM | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$375 |

Payment Method:

Cash Check Visa AMEX Master Card Discover Comp/Discount Code _____

Credit card information (if paying by credit card):

Name on card

Card number

Expiration date

Fax: 312-915-9209 - for credit card registration only

Mail in registration:

Send check payable to HIMSS to:

6923 Eagle Way

Chicago, IL 60678-1692

Questions about your registration?

Call: Stacy Olson 312-915-9514

Email: solson@himss.org

Fax: 312-915-9512