



FAH Public Policy Conference and Business Exposition

March 4-6, 2012

Registration Deadline
February 17, 2012

1

REGISTRATION FORM

1. REGISTRATION TYPE *(required)*:

Questions? Contact Bonnie Money Penny at 501.661.9555 or e-mail bmoneypenny@fah.org

Supplier Company Representative

(Your company must have a Supplier Company Contract in order for a company representative to register and attend the FAH Conference and Business Exposition.)

Non-Supplier Attendee

(Including representatives of hospitals, hospital management companies, GPOs, IDNs and the VA)

2. REGISTRATION INFORMATION *(Please type or print)*

Are you a First Time Attendee? Yes No

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

E-mail *(required)* _____

Spouse/Guest Name _____

Special Services: Please check here if you require special accommodations to fully participate. Attach a written description of your needs.

Emergency Contact *(required)* _____ Phone (_____) _____

3. ORGANIZATION TYPE

(Check one only.)

- Manufacturer
- Distributor
- Manufacturer / Distributor
- Multi-Hospital System
- Hospital
- GPO
- IDN
- VA
- Association
- Other _____

4. EVENT REGISTRATION *(included in Conference registration fee)*

EDUCATIONAL SESSIONS: *(Register for sessions you will attend)*

- A** Sunday, March 4
National Accounts Seminar 3:15 pm - 5:15 pm
- B** Monday, March 5 *(Check one only.)*
Capital Equipment Workshop 1:30 pm - 3:30 pm
- C** Pharmaceutical Workshop 1:30 pm - 3:30 pm
- D** Tuesday, March 6
Supply Chain Forum Workshop 1:30 pm - 3:30 pm

EVENTS: *(Register for events you will attend)*

- E** Tuesday, March 6
Attendee Luncheon 11:30 am - 1:00 pm
- F** Chairmen's Dinner 6:00 pm - 8:30 pm

6. PAYMENT PROCESSING

Mail, Fax or E-mail completed form with full payment:

MAIL: FAH, 650 South Shackleford Rd., Suite 400, Little Rock, AR 72211

FAX: 501.663.4903

E-MAIL: mdurham@fah.org

QUESTIONS: 501.661.9555

CHARGE MY CREDIT CARD: American Express MasterCard VISA

Credit Card Number _____ Security Code _____ Expiration _____

Name as it appears on card _____

Billing Address *(required)* _____

Signature *(required)* _____

5. CONFERENCE REGISTRATION

Sunday, March 4 - Tuesday, March 6

Reminder: Supplier companies must complete the Contracted Supplier Company Registration Contract in order for a company representative to register and attend the FAH Conference and Business Exposition.

FAH Conference and Exposition	Amount
<input type="checkbox"/> FAH Member	\$ 725 _____
<input type="checkbox"/> Non-Member	\$ 800 _____
<input type="checkbox"/> Spouse/Guest (Conference Only)	\$ 450 _____
Total	_____

Cancellation / Refund Policy:

- NO refunds of Supplier Company Registration Contracts after **January 16, 2012**
- Cancellations / requests for refunds must be made in writing and provided to Melody Durham, FAH Registrar
- 100% refund if the individual request is received by **February 10, 2012**
- 75% individual refund **February 11 through February 17, 2012**
- NO refunds of individual registration fees after **February 17, 2012**
- Substitutions and/or replacements accepted through **February 17, 2012**
- Attendees must register on-site after **February 17, 2012**

7. ATTENDEE WAIVER *(Please read and sign.)*

As an attendee of the Federation of American Hospitals' Public Policy Conference ("Conference"), I hereby give my permission to the Federation of American Hospitals to photograph, videotape, and/or record me during my participation in the Conference and its various meetings and forums. This grant of permission is general in nature and is intended to cover any photography, videotaping, and/or recording in public places during Conference events. I acknowledge that the Federation of American Hospitals seeks this same authorization from all Conference attendees related to their general participation. I agree and acknowledge that I am undertaking such participation in FAH activities as my own free and intentional act, and I am fully aware that possible physical injury might occur to me as a result of my participation in these activities. I give this acknowledgement freely and knowingly and that I am, as a result, able to participate in the FAH activities, and I do hereby assume responsibility for my own well being. I also agree not to allow any other individual to participate in my place.

Signature *(required)* _____ Date _____

Spouse/Guest Signature *(required)* _____ Date _____