

**2012 Hale, Newman, Wilson-Clay Conference  
Crown Plaza Riverwalk  
San Antonio, Texas  
September 12-14, 2012**

Please print clearly and keep a copy of this form for your records. Your contact information will be listed in the Directory of Conference Attendees unless you specify otherwise.

\* required information

Name as it will appear on name badge (Please Print Clearly):

\_\_\_\_\_

*First	*Last	*Credentials
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Hospital/Practice/Affiliation: \_\_\_\_\_

\*Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Country: \_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_

Used to send registration confirmation and important conference information

\*Emergency Contact (Name): \_\_\_\_\_

\*Emergency Contact Phone Number: \_\_\_\_\_

**\*\*If you are applying for CEUs, the following information is required. This information will only be used to personally identify you in the computer system. All information will be kept confidential and secure.**

\*Social Security Number: \_XXX-XX-\_\_\_\_\_ \*Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Note/Comments:

## Conference Registration Fees

- Registration Fee (cut-off date June 29, 2012).....\$300.00
- Late Registration Fee (After June 29, 2012).....\$375.00
- Vegetarian diet
- No, do not include my name in the Directory of Conference Attendees

## Payment Information

### Credit Card Payment (Master Card and Visa)

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVN: \_\_\_\_\_

Total Payment Enclosed \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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\*\*If you cancel your registration before June 29, 2012, all fees will be refunded minus a \$50 service fee. After June 29, 2012, the service fee is \$150 to cancel your registration.

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