

**ON LOCATION REGISTRATION 2022**

Hospital Name: City: State:  
Address: Zip Code:  
Contact Person: Email:  
Title: Phone:

**LOCATION** – please fill out a registration form for each location requested

**PAYMENT**

\$1,595 Individual; \$4,950 for a team of four\* - \$1,195 for each additional registrant after the fourth registration  
\*Your team must attend the same seminar location to receive the team rate. Split locations cannot receive this rate.

Credit Card: (HSME will contact you via phone for CC information.) Check Enclosed: (Please make check payable to HSM Enterprises.)

Please invoice: (You will be sent an invoice within 10 days to the email listed above.)

How did you hear about this HortySpringer seminar?

E-Mail Marketing Brochure Colleague Other

**ATTENDEE INFORMATION FORM 2022**

(Please give full names and titles as you would like them to appear on name tags.)

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Attendee #1 First: MI: Last:

Title: Degree:

\*Email:

*\*This email address will receive pre and post course materials and will be used to access CME credits*

Seminar:

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Attendee #2 First: MI: Last:

Title: Degree:

\*Email:

*\*This email address will receive pre and post course materials and will be used to access CME credits*

Seminar:

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Attendee #3 First: MI: Last:

Title: Degree:

\*Email:

*\*This email address will receive pre and post course materials and will be used to access CME credits*

Seminar:

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## ATTENDEE INFORMATION FORM 2022- PAGE 2

(Please give full names and titles as you would like them to appear on name tags.)

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Attendee #4 First: MI: Last:

Title: Degree:

\*Email:

*\*This email address will receive pre and post course materials and will be used to access CME credits*

Seminar:

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Attendee #5 First: MI: Last:

Title: Degree:

\*Email:

*\*This email address will receive pre and post course materials and will be used to access CME credits*

Seminar:

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Attendee #6 First: MI: Last:

Title: Degree:

\*Email:

*\*This email address will receive pre and post course materials and will be used to access CME credits*

Seminar:

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Attendee #7 First: MI: Last:

Title: Degree:

\*Email:

*\*This email address will receive pre and post course materials and will be used to access CME credits*

Seminar:

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Attendee #8 First: MI: Last:

Title: Degree:

\*Email:

*\*This email address will receive pre and post course materials and will be used to access CME credits*

Seminar:

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Attendee #9 First: MI: Last:

Title: Degree:

\*Email:

*\*This email address will receive pre and post course materials and will be used to access CME credits*

Seminar:

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*Please fill out a second form if additional attendee information is needed*

**Fax: 412-687-7692**