

# Registration

## STRATEGIES FOR MANAGING PHYSICIAN HEALTH AND DISRUPTIVE CONDUCT

Hospital Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Title \_\_\_\_\_  
E-Mail \_\_\_\_\_

### NAMES OF REGISTRANTS

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

1. Name/Degree/Title \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Date Attending \_\_\_\_\_  
2. Name/Degree/Title \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Date Attending \_\_\_\_\_  
3. Name/Degree/Title \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Date Attending \_\_\_\_\_  
4. Name/Degree/Title \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Date Attending \_\_\_\_\_

### PAYMENT

*(\$1,595 Individual; \$4,950 for a team of four, \$950 for each additional registrant after a team of four registration)*

Visa     Mastercard     American Express  
Card Number \_\_\_\_\_ Security Code \_\_\_\_\_ Exp. \_\_\_\_\_  
Name on Card \_\_\_\_\_

Check enclosed. *(Please make payable to HSM Enterprises.)*

Please bill.

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E-Mail Marketing     Brochure     Colleague     Other \_\_\_\_\_

### HOW TO REGISTER

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**Mail** HortySpringer Seminars, 4614 Fifth Avenue, Pittsburgh, PA 15213

**Online** [www.hortyspringer.com](http://www.hortyspringer.com)