


The Incredible Shrinking Medical Staff

April 11, 2017
1:00 pm to 2:30 pm ET

TO REGISTER: (Please register by noon the day of the audio conference.)

 **FAX** this completed form to the Seminar Department at 412-687-7692

 **PHONE** 1-800-245-1205

 **MAIL** this form to: HORTYSPRINGER SEMINARS, 4614 Fifth Avenue, Pittsburgh, PA 15213

 **ONLINE** at HORTYSPRINGER.COM

Hospital _____

Address _____

City/State/Zip _____

Phone # _____ Fax # _____

E-mail Address _____

Contact Person _____

Title _____

PAYMENT

Participation in audio conference: \$250

Fee per additional phone line: \$50 (limit 2 additional lines)

CD in lieu of participation: \$250

MP3 in lieu of participation: \$250

CD in addition to participation: \$50

MP3 in addition to participation: \$50

Visa / # _____ Exp. date _____ Security Code _____

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Name on credit card _____

Check enclosed. (Please make payable to **HSM Enterprises**, our sponsoring company.)

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