


CARES Act Provider Relief Funds – It's Time to Pay the Piper!

**January 5, 2021
1:00 pm to 2:00 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** 412-687-7677

 **MAIL** this form to: HORTYSPRINGER SEMINARS, 20 Stanwix Street, Suite 405, Pittsburgh, PA 15222

 **ONLINE** at HORTYSPRINGER.COM

Hospital _____

Address _____

City/State/Zip _____

Phone # _____ Fax # _____

E-mail Address _____

Contact Person _____

Title _____

PAYMENT

Participation in audio conference: \$250 for 3 lines (An MP3 is included with the live audio conference)

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

MP3 in lieu of participation: \$250

Visa / # _____ Exp. date _____ Security Code _____

MasterCard / # _____ Exp. date _____ Security Code _____

American Express / # _____ Exp. date _____ Security Code _____

Name on credit card _____

Check enclosed

Please bill

P.O. # (not required) _____