



HOSPITAL-PHYSICIAN CONTRACTS - THE ESSENTIALS

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

PAYMENT: \$295 PER SESSION (2 SESSIONS AVAILABLE)

SESSION 1

SESSION 2

BOTH SESSIONS

Pay by 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