

MEDICAL STAFF LEADER ORIENTATION & TOOLKIT REGISTRATION

MARCH 14, 2024

8AM - 3PM EST

Hospital Name: City: State:

Address: Zip Code:

Contact Person: Email:

Title: Phone:

PRICING: \$895/PERSON \$761/PERSON 2-4 ATTENDEES \$695/PERSON 5-9 ATTENDEES

\$7,795 (PER ORGANIZATION OR UP TO 3 HOSPITALS PER SYSTEM / UNLIMITED ATTENDEES -NO INFO NEEDED)

\$10,500 (SYSTEM PURCHASE - MORE THAN 3 HOSPITALS / UNLIMITED ATTENDEES -NO INFO NEEDED)

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 HorthySpringer seminar?

E-Mail Marketing Brochure Colleague Other

ATTENDEE INFORMATION 2024

A unique email address must be used for each individual participant

Attendee #1 First: MI: Last:

Title: Degree:

*Email:

**E-mail address will be used to access our conference app, and to receive pre and post course materials*

Attendee #2 First: MI: Last:

Title: Degree:

*Email:

**E-mail address will be used to access our conference app, and to receive pre and post course materials*

Attendee #3 First: MI: Last:

Title: Degree:

*Email:

**E-mail address will be used to access our conference app, and to receive pre and post course materials*

Attendee #4 First:

MI:

Last:

Title:

Degree:

*Email:

**E-mail address will be used to access our conference app, and to receive pre and post course materials*

Attendee #5 First:

MI:

Last:

Title:

Degree:

*Email:

**E-mail address will be used to access our conference app, and to receive pre and post course materials*

Attendee #6 First:

MI:

Last:

Title:

Degree:

*Email:

**E-mail address will be used to access our conference app, and to receive pre and post course materials*

Attendee #7 First:

MI:

Last:

Title:

Degree:

*Email:

**E-mail address will be used to access our conference app, and to receive pre and post course materials*

Attendee #8 First:

MI:

Last:

Title:

Degree:

*Email:

**E-mail address will be used to access our conference app, and to receive pre and post course materials*

Attendee #9 First:

MI:

Last:

Title:

Degree:

*Email:

**E-mail address will be used to access our conference app, and to receive pre and post course materials*

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

info@hortyspringer.com