

## REGISTRATION FORM

## Forming A Unified Medical Staff- Critical Access Hospitals Can Now Join the Fun!

December 20, 2022 1:00 p.m. to 2:00 p.m. (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                             |      |                              |     |  |  |  |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------|------------------------------|-----|--|--|--|
|                                                                                                          | <b>PHONE</b> 412-687-7677                                                                     |      |                              |     |  |  |  |
| $\bowtie$                                                                                                | MAIL this form to: HortySpringer Seminars, 20 Stanwix Street, Suite 405, Pittsburgh, PA 15222 |      |                              |     |  |  |  |
| 1                                                                                                        | <b>ONLINE</b> at HortySpringer.com                                                            | OR   | (Please complete form below) |     |  |  |  |
| Но                                                                                                       | spital                                                                                        |      |                              |     |  |  |  |
| Ad                                                                                                       | dress                                                                                         |      |                              |     |  |  |  |
| Cit                                                                                                      | У                                                                                             |      | State                        | Zip |  |  |  |
| Ph                                                                                                       | one#                                                                                          | Fax# |                              |     |  |  |  |
| En                                                                                                       | nail Address                                                                                  |      |                              |     |  |  |  |
| Со                                                                                                       | ntact Person                                                                                  |      |                              |     |  |  |  |
| Titl                                                                                                     | е                                                                                             |      |                              |     |  |  |  |
| P/                                                                                                       | YMENT                                                                                         |      |                              |     |  |  |  |
| Participation in audio conference: \$250 for 3 lines (An MP3 is included with the live audio conference) |                                                                                               |      |                              |     |  |  |  |
|                                                                                                          | MP3 in lieu of participation: \$250                                                           |      |                              |     |  |  |  |
|                                                                                                          | Credit Card (HSME will contact you via phone for CC information)                              |      |                              |     |  |  |  |
|                                                                                                          |                                                                                               |      |                              |     |  |  |  |
|                                                                                                          | Check enclosed ( <i>Please make payable to <b>HSM Enterprises</b></i> )                       |      |                              |     |  |  |  |
|                                                                                                          | Please bill                                                                                   |      |                              |     |  |  |  |
| P.(                                                                                                      | D. # (not required)                                                                           |      |                              |     |  |  |  |