

ON LOCATION REGISTRATION 2024

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

LOCATION – please fill out a registration form for each location requested

PAYMENT

\$1,695 each for 1-3 attendees - \$1,450 for each additional registrant*

*Attendees must attend the same seminar location and be from the same hospital to receive the discounted rate.

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

ATTENDEE INFORMATION FORM 2024

(Please give full names and titles as you would like them to appear on name tags.)

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**

Seminar:

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**

Seminar:

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**

Seminar:

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(Please give full names and titles as you would like them to appear on name tags.)

Attendee #4 First: MI: Last:

Title: Degree:

*Email:

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Seminar:

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*

Seminar:

Attendee #6 First: MI: Last:

Title: Degree:

*Email:

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Seminar:

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*

Seminar:

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*

Seminar:

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*

Seminar:

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

info@hortyspringer.com