# On Location Registration 2025

Hospital Name:                                              City:                                      State:

Address:                                                                                        Zip Code:

Contact Person:                                           E-mail:

Title:                                                            Phone:

## Location - *please fill out a registration form for each location requested*

## Registration Fee:

$1,695 per attendee

## Payment:

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 e-mail listed above.*)

How did you hear about this HortySpringer seminar?

## Attendee Information Form 2025

(*Please give full names and titles as you would like them to appear on name tags.*)
***A unique e-mail address must be used for each individual participant.***

Attendee #1 First:                                     MI:              Last:

Title:                                                          Credentials:

★E-mail:

★***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:                                                          Credentials:

★E-mail:

★***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:                                                          Credentials:

★E-mail:

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

Seminar:

Attendee #4 First:                                      MI:              Last:

Title:                                                              Credentials:

★E-mail:

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

Seminar:

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Attendee #5 First:                                      MI:              Last:

Title:                                                              Credentials:

★E-mail:

  *★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:                                                              Credentials:

★E-mail:

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

Seminar:

_____

Attendee #7 First:                                      MI:              Last:

Title:                                                              Credentials:

★E-mail:

  *★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:                                                              Credentials:

★E-mail:

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

Seminar:

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Attendee #9 First:                                      MI:              Last:

Title:                                                              Credentials:

★E-mail:

  *★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 fill out a second form if additional attendee information is needed.

info@hortyspringer.com