



ON – SITE REGISTRATION

NAME OF TRAINING: 5TH ANNUAL CIBHS EVIDENCE BASED PRACTICES SYMPOSIUM

DATE OF TRAINING: APRIL 23 - 24, 2015

PLACE OF TRAINING: SHERATON PARK HOTEL AT ANAHEIM

REGISTRATION FEE: \$ 195.00

PLEASE PRINT

First: _____ Last: _____ Discipline: _____

County/Organization: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____ ADA/Dietary Needs: _____

Do you have an E-Learning Account? Yes _____ No _____

If no, please provide the following: Username: _____ Password _____

METHOD OF PAYMENT

CASH CHECK #: _____ CREDIT CARD

CREDIT CARD PAYMENT INFORMATION

AMOUNT OF CHARGE: _____

DISCOVER/VISA/MASTERCARD #: _____ EXP. DATE: _____

AUTHORIZED SIGNATURE: _____

BILLING ADDRESS IF DIFFERENT FROM ABOVE:

First: _____ Last: _____ Discipline: _____

County/Organization: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____