

# AHRQ 2007 Annual Conference

## REGISTRATION FORM

Wednesday September 26 – Friday, September 28, 2007 • Marriott Bethesda North, Bethesda, MD

### REGISTRATION CATEGORY

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*Please check all that apply:*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> AHRQ Grantee/Contractor, please specify _____ | <input type="checkbox"/> Government/Public Health Official<br>Health Plan/Insurer | <input type="checkbox"/> Trade/Professional Association                   |
| <input type="checkbox"/> Other Federal Awardee, please specify _____   | <input type="checkbox"/> Researcher   | <input type="checkbox"/> Community Leader Organization/<br>Value Exchange |
| <input type="checkbox"/> Health Care Provider                          | <input type="checkbox"/> Purchaser (employer, State, other)                       |   |
|  | <input type="checkbox"/> Health Care Supplier/Vendor                              |   |

### CONTACT INFORMATION

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NAME: \_\_\_\_\_ DEGREES: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

### **SPECIAL NEEDS** (i.e., dietary restrictions, accessibility, visual impairment, etc.)

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Please list any special needs: \_\_\_\_\_