

Leapfrog Conference on the Future of Hospital Governance
Quality at the Leading Edge

January 28–29, 2007 ☞ The Fairmont Miramar Hotel Santa Monica ☞ Santa Monica, CA

Registration Form

Circle One: Mr. Ms. Mrs. Dr.

Full Name

Degree(s)

Professional Title

Institutional Affiliation

Department

Address 1

Address 2

City

State

ZIP/Postal Code

Telephone

Fax

E-mail

Emergency Contact

Name

Telephone

Fax

Registration Category

Registration Fee

<input type="checkbox"/> General Attendee	<input type="checkbox"/> \$1,200.00
<input type="checkbox"/> Chubb Insureds Attendee	<input type="checkbox"/> \$1,080.00
<input type="checkbox"/> Leapfrog Member	<input type="checkbox"/> \$500.00
<input type="checkbox"/> Representative – UniHealth-Supported Hospital	<input type="checkbox"/> \$240.00
<input type="checkbox"/> Speaker/Panelist	

Method of Payment

Check/Money Order enclosed

Credit Card (*Please ✓ type*) Amex MC Visa

Account No.

Exp. Date

Cardholder Name

Signature

Payment must accompany registration form. Please indicate names of ALL registrants on check payments to ensure proper processing. Check payments must be made in U.S. dollars drawn on U.S. banks. Make check payable to: B L Seamon Corporation. No purchase orders or wire transfers will be accepted as forms of payment. Registration fees, less a \$50.00 processing fee, are refundable for cancellations received by December 14, 2007. No refund of registration fees will be made for cancellations after December 14, 2007. Cancellation notification and refund requests must be made in writing and faxed or postmarked by December 14, 2007.

Return to:

B L Seamon Corporation
 4221 Forbes Boulevard, Suite 245
 Lanham, MD 20706
 Attn: Lisa Gai/Leapfrog-2975; (301) 577-0244, ext. 22; (301) 577-5261 Fax

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