



The Third National Medical Banking Institute

February 24 – 25, 2005  Nashville, Tennessee

Fax/Mail Registration Form

Please Complete the Following: <i>(Please Print)</i>				
Name of Registrant				
Title				
Name of Organization				
First Name as it will appear on Badge				
Mailing Address:				
Street Address				
City		State		Zip
Email				
Daytime Phone	()			
Special Needs? <i>(Please explain - Dietary or Physical Restrictions)</i>				
Registration Fees:				
Early Bird Registration By November 15, 2004		\$ 750.00		
<i>Payment must be received with registration to qualify for early bird registration discount.</i>				
After November 15, 2004		\$ 900.00		
MBProject Member		\$ 650.00		
Sessions Selection:				
CONCURRENT SESSIONS <i>(Check one for each time slot)</i>				
Thursday, February 24, 2005				
Breakout #1 – 10:30 to 12:00 pm				
<input type="radio"/> 1.01 Workflow Automation Council Workgroup <input type="radio"/> 1.02 HIPAA Compliance Workgroup <input checked="" type="radio"/> 1.03 Cyberwar Workgroup <i>Cancelled 2-4-05</i>				
Friday, February 25, 2005				
Breakout Sessions #2 – 10:15 to 12:00 pm				
<input type="radio"/> 2.01 Charity Workgroup <input type="radio"/> 2.02 Healthcare Credit Practices Workgroup				

Payment Options:					
Please enclose payment with your registration and return it to:					
<i>MBI 2005 Registration The Medical Banking Project 320 Main Street, Suite 230 Franklin, TN 37064</i>					
or fax your credit card payment to 615.794.1481					
<input type="radio"/> Check/money order enclosed <i>(payable to: The Medical Banking Project)</i>					
<input type="radio"/> Credit card: <table style="margin-left: 40px;"> <tr> <td><input type="checkbox"/> Visa</td> <td><input type="checkbox"/> MasterCard</td> </tr> <tr> <td><input type="checkbox"/> Discover</td> <td><input type="checkbox"/> American Express</td> </tr> </table>		<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard				
<input type="checkbox"/> Discover	<input type="checkbox"/> American Express				
Total Amount: \$ 					
Account No: _____					
Exp Date: _____					
Name of Cardholder: _____					
Signature of Cardholder: _____					
Signature of Registrant: _____					
Other Information:					
<i>We cannot guarantee your attendance or issue a letter of confirmation for attendance unless payment is received with your registration.</i>					
Terms & Conditions	Programming subject to change. Completed registration constitutes a binding agreement between the parties.				
Cancellation Policy	No refunds will be given for cancellations or "no shows". You may send a substitute; please contact us at: 615.794.2009.				
Questions??	Please contact us at 615.794.2009 or email us at MBI2005@mbproject.org				
For more information	Visit our website: www.mbproject.org				
How did you learn about the MBI?	<input type="radio"/> Newsletter Ad <input type="radio"/> Friend/Colleague <input type="radio"/> Email Notice				