

37TH ANNUAL HEALTH LAW SYMPOSIUM

REGISTRATION FORM - BULK REGISTRATION

Organization: _____ Contact Name: _____

Address: _____

Phone: _____ Email: _____

Registrant Name: _____ Badge First Name: _____

Job Title: _____ Email address: _____

Registrant is an: IAHA member (\$250) IHA member (\$250) Non-member (\$340) Student Member (\$100)

Registrant Name: _____ Badge First Name: _____

Job Title: _____ Email address: _____

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TOTAL DUE: _____ (TAKE 10% OFF IF REGISTERING 5 OR MORE) PAYMENT: Check Visa MC AmEx

Credit Card Number: _____ Exp. Date: _____

Signature: _____ Security Code: _____

Billing Address (if different from above): _____

Cancellation/Substitutions

If you must cancel less than seven business days prior to the Symposium, a \$75 service charge will apply prior to a refund. Registrants who do not cancel and do not attend must pay the entire fee. Registrants unable to attend the program may send an alternate person in their place, by modifying their online registration or by contacting the IAHA office. IAHA reserves the right to cancel or reschedule a session due to unforeseen circumstances. Registrants will be notified of cancellation prior to the symposium date.

IAHA Financial Hardship Policy

Registrants who cannot afford the Symposium may apply for a discounted registration fee. Please visit our website to review the policy.

Americans with Disabilities Act

IAHA wishes to ensure that no individual with a disability is excluded, denied services, segregated, or otherwise treated differently from other individuals because of the absence of auxiliary aids and services. If you need any of the auxiliary aids or services identified in the Americans with Disabilities Act in order to attend, please call 630.433.4516.

For additional Symposium information, contact: Kimberly LaBounty of the IAHA at 630.433.4516 or email: kimberly@iahonet.org.



PLEASE SEND COMPLETED REGISTRATION FORM AND PAYMENT TO:
Illinois Association of Healthcare Attorneys, 275 N. York St, Ste 201, Elmhurst, IL 60126

