

CODE: _____

(For UCAOA Use) _____ Date: _____

2010 FALL CONFERENCE REGISTRATION

Tuition rates will be set by date of payment receipt. See reverse for registration details.

Registrations can only be processed with accompanying payment.

Please submit a registration form for each person attending.

Name: _____ MD DO PA RN NP CPC Job Title: _____

Address: _____ Organization: _____

Is your clinic hospital-based _____ or independent _____ ?

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Email: _____

Are you already a member of UCAOA? Individual Practice Not currently a member

Are you registering as part of a group? (4 or more people = 20% discount on conference tuition**) Yes No

Group main contact person and email: _____

Choose Only 1 of the 5 Courses



Please sign me up for course number: _____

Sign Up Early And Save.

Tuition includes course materials, meals and Exhibit Hall.

Early Tuition
by Aug. 20th
Member / Non-member
\$600 / \$750

Regular Tuition
Aug. 21st - Sept. 24th
Member / Non-member
\$700 / \$850

Late Tuition
Sept. 25th - Oct. 17th
Member / Non-member
\$800 / \$950

Annual Membership

Join now and receive member tuition rates.

New Individual membership \$175

See reverse for details

New Practice membership

1-2 clinics \$325 (up to 5 people)

3-4 clinics \$475 (up to 7 people)

5+ clinics \$650 (up to 10 people)

Payment:

VISA MC AMEX CHECK ENCLOSED (Check No. _____)

Card No. _____

Expiration Date: month _____ year _____ Total Amount: _____

Mail or Fax to:

Urgent Care Association of America
4320 Winfield Road, Suite 200
Warrenville, IL 60555
Fax: 630-836-8518

Phone: 877-698-2262 • www.ucaoa.org

Please contact us if you have not received an email confirmation within two business days.

REGISTRATION DETAILS

Group Discounts**

For 4 or more people registering together, a 20% Group Discount will be applied to current tuition rates under the following conditions:

- All members of the group register simultaneously
- All members of the group pay with one payment (single credit card or one check)
- Substitutions are allowed at later dates and will include the discount
- Additional registrants (not substitutions) will be registered at prevailing rates and not included in group discount.

EXAMPLE: 4 member registrations with “regular” tuition rates equals \$700 per person, minus the 20% discount, now equals \$560 per person. For a group total of \$2240. The Group should send **one check or credit card payment** for the total of \$2240.

Cancellation Policy

Cancellation received by October 1, 2010 – no penalty

Cancellation received October 2-October 8, 2010:
20% or \$75 penalty

\$75 if UCAOA keeps balance on hold for future UCAOA program (original tuition less \$75)

20% if balance is to be refunded (80% of original tuition will be refunded via original payment method)

After October 8, tuition is non-refundable.

Membership fees are non-refundable.

Registrations after October 17th will be accepted on a walk-in basis only, on-site at the program, pending space available. Payment is required at time of walk-in. We cannot “hold space” for late registrations. Walk-in registrations will be at late registration pricing and are subject to an additional \$100 walk-in registration fee.

Course Materials One copy of the course materials will be issued to each individual participant. Participants must be on-site and attending in order to receive their individual course materials.

Conference Attire Conference attire is business casual for all events. Meeting rooms are sometimes cool, so bring a sweater or jacket with you to class.

PRACTICE MEMBERSHIP

Practice Membership Benefit Recipients

If you have chosen a New Practice Membership, please provide names of individuals who will receive benefits through the membership. All mailings will go to main practice address.

(Please print legibly and include titles such as M.D. etc.)

- | | |
|-----------------|--------------|
| 1. Name: _____ | Email: _____ |
| 2. Name: _____ | Email: _____ |
| 3. Name: _____ | Email: _____ |
| 4. Name: _____ | Email: _____ |
| 5. Name: _____ | Email: _____ |
| 6. Name: _____ | Email: _____ |
| 7. Name: _____ | Email: _____ |
| 8. Name: _____ | Email: _____ |
| 9. Name: _____ | Email: _____ |
| 10. Name: _____ | Email: _____ |

Check here if you would like to provide alternate addresses for some individuals. Provide on a separate sheet of paper.