

2009 Convention Registration

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 Center 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: _____

REGISTER FOR: pre-convention + main convention OR clinic startup + main convention OR main convention only.

| 2009 CONVENTION LAS VEGAS | Convention Dates | | | | Regular Tuition | Late Tuition |  www.ucaoa.org  877-698-2262  630-836-8518 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------|--------------|----------------|----------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Mon. 4/20 | Tues. 4/21 | Wed. 4/22 | Thurs. 4/23 | Jan. 1 - Mar. 27 Member / Non | Mar. 28 - Apr. 17 Member / Non | |
| Pre-Convention Courses (Choose One) <input type="checkbox"/> Urgent Care Billing <input type="checkbox"/> Procedure Clinic <input type="checkbox"/> Integrating Occup. Med. <input type="checkbox"/> Cert. Pro. Collector Trainer | ✓ | ✓ | | | 500 / 660 | 600 / 760 | |
| | ✓ | | | | 500 / 660 | 600 / 760 | |
| | ✓ | | | | 500 / 660 | 600 / 760 | |
| | ✓ | | | | 500 / 660 | 600 / 760 | |
| Two-Day Clinic Startup <input type="checkbox"/> Comp. Clinic Startup <input type="checkbox"/> Clinic Startup & Main Conv. | ✓ | ✓ | | | 650 / 810 | 750 / 910 | |
| | ✓ | ✓ | ✓ | ✓ | 1120 / 1380 | 1280 / 1540 | |
| <input type="checkbox"/> Main Convention Only | | ✓ | ✓ | ✓ | 800 / 960 | 900 / 1060 | |

REGISTRATION INCLUDES: Online access to course materials, breakfast, lunch, receptions and access to main convention on-line lectures.

| | | |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Annual Membership <i>Join now and receive member tuition rates.</i> | <input type="checkbox"/> New Individual membership \$175 See reverse for details | <input type="checkbox"/> New Center membership <input type="checkbox"/> 1-2 clinics \$325 (up to 5 people) <input type="checkbox"/> 3-4 clinics \$475 (up to 7 people) <input type="checkbox"/> 5+ clinics \$650 (up to 10 people) |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Payment: (Visa or Mastercard only.)

VISA MASTERCARD CHECK ENCLOSED (Check No. _____)

Card No. _____

Expiration Date: month _____ year _____ Total Amount: _____


 Urgent Care Association of America
 4320 Winfield Road, Suite 200
 Warrenville, IL 60555

Registrations processed and tuition dates set upon receipt of tuition. See reverse for registration details. 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 and course additions 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 for Main Convention with regular tuition equals \$800 per person, minus the 20% discount, now equals \$640 per person. For a group total of \$2560. The Group should send **one check or credit card payment** for the total of \$2560.

Cancellation Policy

Cancellation received by March 20, 2009 – no penalty

Cancellation received March 21-April 3, 2009:
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 April 4, tuition is non-refundable.

Membership fees are non-refundable.

Registrations after April 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.

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

CENTER MEMBERSHIP

Center Membership Benefit Recipients

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