

CODE: _____

(For UCAOA Use) _____ Date: _____

2009 CONVENTION REGISTRATION

Registrations can only be processed with accompanying payment.
Tuition rates will be set by date of payment receipt. **See reverse for registration details.**

Name: _____	<input type="checkbox"/> MD	<input type="checkbox"/> DO	<input type="checkbox"/> PA	Job Title: _____
	<input type="checkbox"/> RN	<input type="checkbox"/> NP	<input type="checkbox"/> CPC	
Address: _____	Organization: _____			
Is your clinic hospital-based _____ or independent _____?				
City: _____	State: _____	Zip: _____	Phone: _____	Fax: _____
Email: _____				
Are you already a member of UCAOA? <input type="checkbox"/> Individual <input type="checkbox"/> Center <input type="checkbox"/> Not currently a member				
Are you registering as part of a group? (4 or more people = 20% discount on conference tuition**) <input type="checkbox"/> Yes <input type="checkbox"/> 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				Early Tuition	Regular Tuition	Late Tuition
	Mon. 4/20	Tues. 4/21	Wed. 4/22	Thurs. 4/23	Sept. 26 - Dec. 31 Member / Non	Jan. 1 - Mar. 27 Member / Non	Mar. 28 - Apr. 17 Member / Non
Pre-Convention Courses (Choose One)							
<input type="checkbox"/> Urgent Care Billing	✓				350 / 510	500 / 660	600 / 760
<input type="checkbox"/> Procedure Clinic	✓				350 / 510	500 / 660	600 / 760
<input type="checkbox"/> Integrating Occup. Med.	✓				350 / 510	500 / 660	600 / 760
<input type="checkbox"/> Cert. Pro. Collector Trainer	✓				350 / 510	500 / 660	600 / 760
Two-Day Clinic Startup							
<input type="checkbox"/> Comp. Clinic Startup	✓	✓			500 / 660	650 / 810	750 / 910
<input type="checkbox"/> Clinic Startup & Main Conv.	✓	✓	✓	✓	900 / 1140	1120 / 1380	1280 / 1540
<input type="checkbox"/> Main Convention Only		✓	✓	✓	650 / 810	800 / 960	900 / 1060

REGISTRATION INCLUDES: Online access to course materials, breakfast, lunch, receptions and full access to post-convention on-line library.

Annual Membership
*Join now and receive
member tuition rates.*

New Individual
membership \$175

New Center membership

- 1-2 clinics \$325 (up to 5 people)
- 3-4 clinics \$475 (up to 7 people)
- 5+ clinics \$650 (up to 10 people)

See reverse for details

Payment: (Visa or Mastercard only.)

VISA MASTERCARD 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 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 early tuition equals \$650 per person, minus the 20% discount, now equals \$520 per person. For a group total of \$2080. The Group should send **one check or credit card payment** for the total of \$2080.

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.

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.

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.