



ADVOCACY SUMMIT 2010

REGISTRATION FORM

March 23-25, 2010—Arlington, VA

Contact Name: _____

Company Name (if applicable): _____

Address: _____

City: _____ **State:** _____ **Zip (9 digits):** _____

Daytime Phone: _____ **Cell Phone:** _____

Email: _____

AHDI ID# (if applicable): _____ **MTIA Member (Y/N):** _____

Fees (Please check appropriate boxes):

- \$60 AHDI/MTIA members (\$85 after Feb. 15, 2010)
- \$85 non-members (\$110 after Feb. 15, 2010)
- \$0 Gallery Seating at the AHDI BOD Meeting (3/23/10)

Cancellation policy:

Refunds accepted through Feb 15, 2010, excluding the \$20 processing fee.

Payment:

Check or money order to AHDI, or complete credit card information below.

Pay with a Credit Card (check box):

- MasterCard Visa American Express Discover

Card #: _____

Expires (mm/yr): _____ Cardholder Name: _____

Authorized Signature: _____

Finding 9 digit zip code:

You can find your full zip code by going to www.usps.com and entering your address.

Accommodations:

- Please check here if you are disabled and require special services. Attach a written description of needs.

Send Registration with Payment to:

AHDI

4230 Kiernan Ave. Suite #130

Modesto, CA 95356

Toll Free: 800-982-2182 or 800-543-MTIA

Fax: 209-527-9633

Email: ahdi@ahdionline.org

Web: www.ahdionline.org; www.mtia.com

Medical Transcription Service Owner Information (If you are an owner/executive of an MTSO, please complete:)

This information will assist our lobbying firm with the pertinent information needed Hill visits.

Company Name: _____ Owners Name: _____

Company Address: _____ City, State, 9 Digit Zip: _____

Owners Home Address: _____ City, State, 9 Digit Zip: _____

Estimated number of local employees (based on the metropolitan area in which the company is headquartered): _____

Estimated number of statewide employees (based on state in which the company is headquartered): _____

Estimated total number of employees: _____



