



SPRING CONFERENCE MAY 16-17

Registration Form

(Please print or type) Name _____

Street Address _____

City _____ State _____ ZIP _____

Daytime Telephone _____ Email _____

State of Licensure _____ Professional License type and # _____

Current Student: _____ College or University: _____

HCHI Employee: _____ ID Number: _____

Course Registration full Course: May 16-17, 2019 **\$75** Student **\$37.50**

Course Registration One Day: May 16 May 17 **\$50** Student **\$25**

Total Payment _____

Checks/Money Order are made payable to **Highland-Clarksburg Hospital**.

You may pay for the Highland-Clarksburg Spring Conference by credit card: Visa, Mastercard, or Discover

Please charge my: Visa MasterCard Discover

Name on Account _____

Account# _____ Expiration Date _____ CVC _____

Cardholder's Signature _____

Zip Code _____

Please mail registration and checks to:

ATTN: Valerie Hutson

Highland-Clarksburg Hospital

3 Hospital Plaza

Clarksburg WV 26301

Limited Seats Available