

1. FOUR EASY WAYS TO REGISTER

WEB



HIDA.org

E-MAIL



registration@hida.org

CALL



231-267-5296

MAIL



HIDA Registration:
510 King Street, Suite 200, Alexandria, VA 22314

2. ATTENDEE INFORMATION

NAME PREFERRED NAME (FOR BADGE)

TITLE

COMPANY

ADDRESS

CITY STATE ZIP/POSTAL CODE

PHONE EMAIL

PRIMARY MARKET YOUR COMPANY SERVES:

Hospital Post-Acute Physician/Clinics Lab All Equally Other: _____

3. METHOD OF PAYMENT (Payment must be received to process registration.)

Event Pricing

	Early Bird (ends 11/1/24)	Registration (begins 11/2/24)
<input type="checkbox"/> HIDA or HEF Member:	\$849	\$949
<input type="checkbox"/> Non-Member:	\$1499	\$1599
<input type="checkbox"/> Technology/Solutions, HEF Member:	\$849	\$949
<input type="checkbox"/> Technology/Solutions, Non-Member:	\$1695	\$1795
<input type="checkbox"/> Healthcare Provider:	\$849	\$949

Manufacturer Contact: Callie Barthel (barthel@hida.org, 703-838-6116). Distributor Contact: Sarah Stensrud (stensrud@hida.org, 703-838-6104).

Conference registration fee includes all program materials and scheduled events.

CHECK payable to HIDA Educational Foundation
 CHARGE: MasterCard American Express VISA

NAME ON CREDIT CARD SIGNATURE

CARD NUMBER EXPIRATION DATE SECURITY CODE

REGISTRATION POLICY: Space may be limited. Registration is first-come, first-served. Registration forms sent without payment will not be processed. Any photos taken at this event are property of HIDA and can be published without permission in HIDA materials.

Individuals with disabilities, who would like to attend this event, please contact HIDA regarding any special accommodation needs. Every reasonable effort will be made to provide reasonable accommodations in an effective and timely manner.