HOMECARE/ POST-ACUTE
CUSTOMER INSIGHTS

HIDA

Registration Form
December 7, 2022 | Virtual Event

1. FOUR EASY WAYS TO REGISTER

WEB HIDA.org

E-MAIL registration@hida.org

CALL 703-549-4432

MAIL HIDA Registration: 310 Montgomery St., Alexandria, VA 22314

2. ATTENDEE INFORMATION

NAME _____ PREFERRED NAME _____

TITLE _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP/POSTAL CODE _____

PHONE _____ FAX _____

E-MAIL _____

PRIMARY MARKET YOUR COMPANY SERVES:

☐ Hospital ☐ Post-Acute ☐ Physician/Clinics ☐ Lab ☐ Home Care ☐ Ambulatory Surgery Center ☐ All Equally ☐ Other:_____

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

INDIVIDUAL REGISTRATION PRICING ☐ Members: $199 per person ☐ Non-members: $399 per person

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

NAME ON CREDIT CARD _____ SIGNATURE _____

CARD NUMBER _____ EXPIRATION DATE _____ SECURITY CODE (THREE DIGIT CODE FOUND ON BACK OF CREDIT CARD) _____