

Registration Form

December 7, 2022 | Virtual Event

1.	FOUR EAS	Y WAYS	TO R	EGISTER

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 PREFE	RRED NAME			
TITLE				
COMPANY				
ADDRESS				
CITY ST	TATE ZIP/POSTAL CODE			
PHONE FA	X			
E-MAIL				
PRIMARY MARKET YOUR COMPANY SERVES: Hospital Post-Acute Physician/Clinics Lab Home Care Ambulatory Surgery Center All Equally Other: 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)			

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.

CANCELLATION POLICY: Participants must cancel in writing via mail, email or fax in order to request a refund, less a \$35 processing fee. A full refund minus the processing fee will be available prior to October 28, 2022 and a 50% refund will be available between October 29, 2022 and November 11, 2022. While no refunds will be available after November 11 2022, a company may substitute a registrant at any time without penalty.