



2010 Fall Conference • September 16 – 17, 2010
Marriott Hollywood Beach, Hollywood, Florida

REGISTRATION FORM

Name: (Please Print) _____

Title: _____ HFMA Member Number: _____

Organization: _____


Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (include area code) _____

Email Address: _____

(To be used for confirmation of payment)

Registrations received <u>on or before</u> September 1, 2010	Registrations received <u>after</u> September 1, 2010
<u>Full Conference – including all meals:</u> HFMA Member \$145 _____ Non-Member \$175 _____	<u>Full Conference – including all meals:</u> HFMA Member \$189 _____ Non-Member \$219 _____
<u>Meal Tickets for Guests Accompanying Registrants:</u> Lunch (Thursday) \$ 45 _____ Reception & Buffet (Thursday evening) \$ 55 _____ <i>Meal tickets are intended for spouses or significant others that wish to accompany registered attendees. Thank you.</i>	Our Fall Conference is brought to you in association with  American Association of Healthcare Administrative Management Greater Florida Buccaneer and South Florida Chapters

Payment Via Check: Make checks payable to: **HFMA Florida Chapter and mail to:**
Janet Romano, Baptist Health South Florida, 8500 SW 117 Avenue Rd, 3rd Floor, Miami, FL 33183

Payment Via Credit Card – please complete form below

Please charge my: Master Card, Visa, American Express (Total to charge my credit card \$ _____)

Card Type: _____

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Print Name as it appears on card: _____

Scan and email registration form to janet2@baptisthealth.net or fax to 786-662-7334.
Attention: Janet Romano, Registration Chair, HFMA-FL 2010 - 2011