

EDUCATION GRANTOR REGISTRATION

CONTACT INFORMATION

Date: _____
Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-Mail: _____
Representative: _____ Title: _____

Yes, we want to be part of the Symposium and participate as an Education Grantor

As a Major Grantor, the event we want to sponsor is:

PAYMENT INFORMATION

Major Grant Cost \$ _____
Sustaining Grantor Cost \$ _____
Contributing Grantor Cost \$ _____
Exhibitor Cost \$ _____

MAKE CHECK PAYABLE TO:

Health Care Conference Administrators, LLC
Tax ID Number 91-1892021

Check Amount Enclosed \$ _____

Charge my credit card: AMEX Visa MasterCard

Card Number: _____ Exp Date: _____

Cardholder Name: _____

Cardholder Signature: _____

PLEASE RETURN THIS COMPLETED FORM TO:

Linda Jenkins, Conference Coordinator
53881 Avenida Villa, La Quinta, CA 92253
Phone: 800-684-4549 (Toll free within the US)
Phone: 760-771-5102
Fax: 760-771-3183
Email: Lindaihi@aol.com