



AMRPA SPRING EXECUTIVE FORUM

March 7-8, 2012
Ritz Carlton
1250 South Hayes Street
Arlington, VA

REGISTRATION FORM

NAME: _____ TITLE: _____

FACILITY NAME (IF DIFFERENT THAN ABOVE): _____

MEDICARE PROVIDER NUMBER _____

ADDRESS: _____
(PLEASE GIVE ADDRESS OF YOUR PHYSICAL LOCATION)

CITY, STATE, ZIP: _____

PHONE: _____

FAX: _____

EMAIL: _____

PLEASE REPRODUCE THIS FORM FOR ADDITIONAL REGISTRANTS

ALL REGISTRATIONS ARE ON A FIRST-COME FIRST SERVE BASIS, SPACE IS LIMITED.

REGISTRATION DEADLINE – February 10, 2012

MEMBER FEE: \$295

NON-MEMBER FEE: \$450

METHOD OF PAYMENT:

- CHECK ENCLOSED (Make checks payable to AMRPA.)
- Please bill me at the above address unless otherwise noted.
- Charge my Credit Card Master Card Visa AmEx

Name on Card: _____ Card number: _____

3 Digit Security Code: _____ Expiration Date: _____

Signature: _____ Title: _____

Please indicate if you have special needs and/or special diet.

Special Needs: _____

3 easy ways to register - by fax, by email, by mail.

Phone: (217) 753-1190 Fax: (217) 525-1271 Email: vwiltsie@firminc.com Mail: 206 S. 6th,
Springfield, IL 62701 (to obtain additional registration forms visit www.amrpa.org)

(50% CANCELLATION FEE ASSESSED AFTER FEBRUARY 10, 2012)

If you have questions, please contact VICKI WILTSIE (vwiltsie@firminc.com) at (217)753-1190.