



# HFAP ACADEMY LIVE 2019 REGISTRATION FORM

PLEASE COMPLETE A SEPARATE FORM FOR EACH ATTENDEE.

Registrant name and credential(s)

Email

Dietary restrictions?    No    Yes    If yes, please describe:

### PROGRAM SELECTION

Hospital Clinical & Administrative Track

Hospital Facilities Track

ASC Track

### ORGANIZATIONAL INFORMATION

Hospital

ASC

Other

Organization name

Street address

City

State

Zip

### ACADEMY COST

Early Bird - \$795 (Registration received by August 23)

Early Bird addition - \$770 (Additional registrants from the same organization; registration received by August 23)

Regular rate - \$895 (Registration received August 24-October 1)

Regular rate addition (Additional registrants from the same organization; registrations received August 24-October 1)

### HOTEL ACCOMODATIONS

The Westin O'Hare

6100 North River Road, Rosemont, IL

Rate: \$154/night until September 25, 2019.

A link to make room reservations will be sent with your registration confirmation.

**Note:** The room block may fill prior to that date at which time rooms may be reserved on a space/rate available basis.

### PAYMENT

I have enclosed a check in the amount of \$\_\_\_\_\_.

Make checks payable to:

HFAP

506 N Clark St, Suite 301

Chicago, IL 60654

Please charge my credit card. (Please note that a 3% convenience fee will be added to all credit card payments.)

Card number

Exp

CVV

Cardholder name

Cardholder signature

Cancellations will be accepted until September 25, 2019 with a \$100 cancellation fee. After that date, there will be no refunds for cancellation. Organizations may substitute registrants within the same track.

QUESTIONS? CALL HFAP AT 312.920.7383, EXT. 03.

EMAIL COMPLETED FORM(S) TO AFITZSIMMONS@HFAP.ORG.