

THE SUMMIT 2010 Registration May 5-7 • @LANTA

for BEDSIDE BARCODING online registration: <http://www.regonline.com/unsummit2010>

CONTACT INFORMATION *Please complete form for each person attending*

Full Name _____ First name for badge _____
 Title _____ Company/Organization _____
 Street Address _____
 City _____ State _____ Zip _____
 Province (Non-U.S.) _____ Postal Code _____ Country _____
 Phone _____ ext _____ Fax _____ E-mail _____

CONFERENCE FEES

<input type="checkbox"/> Attendee Conference Registration (<i>hospitals, students, government, alliance members</i>)	\$499.00	\$ _____
<i>Enter Alliance Member 10% discount code: _____</i>	\$499.00	\$ _____
<input type="checkbox"/> Patron Sponsor Conference Registration (<i>for additional employees beyond complimentary three per contract</i>)	\$799.00	\$ _____
<input type="checkbox"/> Other Conference Registration (<i>consultants, non-patron BPOC vendors, etc.</i>)	\$799.00	\$ _____
Complimentary Conference Registrations:		
<input type="checkbox"/> Speakers, Session Moderators, and Panelists	\$0.00	\$ _____
<input type="checkbox"/> Patron Sponsors (<i>three per Patron contract</i>)	\$0.00	\$ _____
<input type="checkbox"/> Press	\$0.00	\$ _____
Postconference Workshop • Friday, May 7, 2010		
<input type="checkbox"/> Hands On and Heads Up: An unSUMMIT Lab Practical on Enabling Technologies for BPOC	\$99.00	\$ _____
<input type="checkbox"/> The unSUMMIT 2007 on DVD	\$49.00	\$ _____
<input type="checkbox"/> The unSUMMIT 2008 on DVD	\$49.00	\$ _____
Total Amount Due		\$ _____

PAYMENT *Payment must accompany registration or the forms will be returned to you.*

By credit card: Fax completed registration forms to 866.501.4037.
 All credit card payments will be refunded via check and mailed from The TerraPharma Project, LLC.

Visa Credit Card # _____
 Mastercard Expiration Date ____/____/____ Name as it appears on card _____
 AMEX Billing Address _____ City _____ State _____ Zip _____
 Discover Province (Non-U.S.) _____ Postal Code _____ Country _____
 Diner's Club Billing Contact & Telephone Number _____

TOTAL TO BE CHARGED \$ _____ Authorizing Signature _____

By check or money order: Payment by check or draft drawn on a U.S. bank in U.S. dollars made payable to The TerraPharma Project, LLC.
 There will be a \$30.00 service charge on all returned checks.

Mail check with completed forms to:

The TerraPharma Project, LLC
 3250 Unionville Road
 Cranberry Twp., PA 16066

Phone: 412.287.5108 • Fax: 866.501.4037 • E-mail: natalie@unsummit.com

REFUNDS *Cancellations may be made online or sent in writing to natalie@unsummit.com*

By March 31, 2010: Full Refund (*less \$30 processing fee*) **April 1 – April 23, 2010:** \$200 Cancellation Fee **After April 23, 2010:** No Refund

If The TerraPharma Project, LLC cancels any portion of this event, the organizers are not responsible for covering airfare, hotel, or any other costs. Speakers, networking events, and the agenda are subject to change without notice. This cancellation policy applies only to attendee registrations, not sponsorships.

I accept the Cancellation Policy. Please Initial _____



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