

Crittenden Medical Insurance Conference Registration

For multiple registrations, please photocopy and submit a separate form for each individual.

Name _____

Badge Name _____

Company _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please indicate session numbers

Hour #1 - 9:00 am	_____	Hour #5 - 9:00 am	_____
Hour #2 - 10:45 am	_____	Hour #6 - 10:15 am	_____
Hour #3 - 1:30 pm	_____	Hour #7 - 11:30 am	_____
Hour #4 - 2:45 pm	_____		

Registration Packages

The Grand Slam

\$695.00

If you plan to attend the conference alone, without any other associates from your company, you must register for the Grand Slam.

The Home Run

\$595.00

If you and an associate from the same company plan to attend the conference, the first person must register for the Grand Slam and the second person must register for the Home Run.

Name of associate already registered: _____

The Double

\$495.00

If there are three people from the same company attending the conference, the first person must register for the Grand Slam, the second person must register for the Home Run and the third person must register for the Double. If your group has more than three people attending the conference (i.e. fourth, fifth, sixth person, etc.), they may also register for the Double.

Name of second associate already registered: _____

Total Amount Due \$ _____

Make Checks Payable To: Crittenden Conferences, Inc.
3990 Old Town Ave., Suite C300, San Diego, CA 92110
Phone: 619-393-1874
Fax: 619-374-1979

Check Enclosed Or Charge my: Visa American Express
Send Invoice MasterCard Discover

Card #: _____ Expiration Date: _____

Signature: _____ Name on Card: _____

Refund Policy: If we receive written cancellation by March 18th, we will refund your registration fee in full. If we receive written cancellation after March 18th, but before April 18th, you will receive a credit equal to your fee. If you cannot attend, we recommend you send a representative in your place. Please contact the Crittenden Conferences office at 619-393-1874, if you plan to send a substitute.

To Register

By Fax: Complete the entire registration form and fax the form to 619-374-1979

By Mail: Complete the entire registration form and mail to:
Crittenden Conferences, Inc.
3990 Old Town Ave. Suite C300, San Diego, CA 92110

Online: www.CrittendenMedical.com

Hotel Accommodations

For your convenience, a block of rooms have been reserved at the Fairmont Scottsdale, Arizona. Please call the hotel directly at 1-800-344-4758 to make your specific arrangements. Remember to mention that you are attending the Crittenden Conference, to obtain the discounted rate.

Rate: \$209.00 Single/Double occupancy per room per, night

Deadline: To receive the discounted rate you must reserve your room by March 29th

Email Code: _____ You may find this code at the bottom of the email you recieved from Crittenden Conferences