

Crittenden Medical Insurance Conference 2019 Registration Form

CONFERENCE REGISTRATION RATES

Registration prices are based on individual pricing or groups attending from the same company:

FIRST REGISTRANT.....	\$ 745.00
SECOND REGISTRANT.....	\$ 645.00
THIRD OR ADDITIONAL REGISTRANT.....	\$ 545.00

HOW TO REGISTER

ONLINE Visit www.CrittendenMedical.com and select the 'REGISTER' link

MAIL 2970 5th Avenue, Suite 340 | San Diego, CA 92103

EMAIL info@CrittendenConferences.com

FAX 619-374-1979

NAME:			
COMPANY:		JOB TITLE:	
ADDRESS:		CITY:	STATE: ZIP:
EMAIL:			PHONE:

- I would like to RSVP for the **WELCOME RECEPTION** on Sunday, March 31st at 5:00 pm
- I would like to RSVP for the complimentary **NETWORKING LUNCHEON** on Monday, April 1st at 1:00 pm
- I would like to RSVP for the **NETWORKING RECEPTION** on Monday, April 1st at 4:45 pm

<i>Please circle the sessions you plan on attending</i>	Hour 1 - 9:00 am	Attending or Not Attending	Hour 5 - 3:45 pm	501 or 502 or 503
	Hour 2 - 10:45 am	201 or 202 or 203	Hour 6 - 9:00 am	601 or 602 or 603
	Hour 3 - 12:00 pm	301 or 302 or 303	Hour 7 - 10:15 am	701 or 702 or 703
	Hour 4 - 2:30 pm	401 or 403	Hour 8 - 11:30 am	801 or 802

TOTAL AMOUNT DUE \$ _____

Make Checks Payable To: Crittenden Conferences, Inc. | 2970 5th Avenue, Suite 340, San Diego, CA 92103

- | | | | |
|---|---------------|-------------------------------------|---|
| <input type="checkbox"/> CHECK ENCLOSED | OR CHARGE MY: | <input type="checkbox"/> VISA | <input type="checkbox"/> AMERICAN EXPRESS |
| <input type="checkbox"/> SEND INVOICE | | <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> DISCOVER |

CARD NUMBER:	EXPIRATION DATE:	SECURITY CODE:	
NAME ON CARD:		CARDHOLDERS SIGNATURE:	
BILLING ADDRESS:		CITY:	STATE: ZIP:

SELECT YOUR PRIMARY BUSINESS ACTIVITY:

(Please limit your selection to your 2 most dominant activities)

- | | |
|--|--|
| <input type="checkbox"/> Program development | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Claims | <input type="checkbox"/> Reinsurance |
| <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Actuary |
| <input type="checkbox"/> Underwriting | <input type="checkbox"/> Sales/Marketing |
| <input type="checkbox"/> Agency/Broker | <input type="checkbox"/> President/CEO |
| <input type="checkbox"/> Legal/Attorney | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Other _____ | |

SELECT YOUR PRIMARY CLIENT BASE:

(Please limit to your 3 most dominant interests)

- | | |
|---|--|
| <input type="checkbox"/> Physicians | <input type="checkbox"/> Nursing Homes |
| <input type="checkbox"/> Dentists | <input type="checkbox"/> Physical or Occupational Therapists |
| <input type="checkbox"/> Attorneys | <input type="checkbox"/> Registered Nurses |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Managed Care Organizations | |

REFUND POLICY: You will have the ability to cancel your registration 30 days before the conference and receive a partial refund. A service fee of \$50.00 will be charged, which will be deducted from your total registration amount. If you would like to avoid the \$50 service fee, you may request to receive a credit equal to the amount of your registration to be used towards any future Crittenden Conference. If you decide to cancel your registration less than 30 days before the conference, you will receive a credit equal to the amount of your registration to be used towards any future Crittenden Conference. If you are not able to attend, but would like to send an associate in your place, please call 619-393-1874 to make this change. **NO SHOW POLICY:** If you have registered for the conference and do not notify us in advance of your cancellation, no refund or credit will be issued. **PHOTOGRAPHY DISCLAIMER:** Attendance at the Crittenden Medical Insurance Conference constitutes consent to be photographed for use in print and/or electronic publicity for Crittenden Conferences, Inc.