



Registration

Tri-State Health Care Coalition (TSHCC)
13th Annual Conference
October 3, 2007
Country Inn & Suites
110 N. 54th Street
Quincy, IL 62301

REGISTRATION *Please type or print clearly.*

Name *Title*

Company/Organization

Address

City *State* *Zip*

(_____) _____ (_____) _____

Phone *Fax*

E-Mail Address (all registration confirmations will be sent via e-mail only)

Note: To register multiple attendees from the same company/organization with one check, please submit a registration form for each individual and include all forms along with the check in one envelope.

REGISTRATION FEES: The cost for this seminar includes a continental breakfast and lunch. Register early and receive a 10% discount. Each additional person from the same company/organization may attend at a reduced rate. **Registration deadline is September 28, 2007.**

	Early Registration	
	Before September 21	After September 21
TSHCC/SHRM Member	_____ \$67	_____ \$75
Each additional attendee from same company	_____ \$50	_____ \$50
Non-TSHCC/SHRM Member	_____ \$90	_____ \$100
Each additional attendee from same company	_____ \$75	_____ \$75
Amount of check enclosed \$ _____		
<i>(Payment must accompany registration form.)</i>		

Please mail your completed registration form along with payment to:

Tri-State Health Care Coalition
301 Oak Street
Suite 2-33
Quincy, IL 62301

ATTN: TSHCC/SHRM Members, we can invoice you for the registration.

