



Registration

**Tri-State Health Care Coalition (TSHCC)
Wellness Seminar
Wednesday, April 9, 2008
Country Inn & Suites
Embassy Room (4th Floor)
110 North 54th Street
Quincy, IL 62305**

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 breakfast buffet.
Registration deadline is April 2, 2008. Seating is limited. Please register early.

TSHCC/SHRM Member	_____	\$30
Non-TSHCC/SHRM Member	_____	\$60
Amount of check enclosed \$ _____ <i>(Payment must accompany registration form.)</i>		
Attn: TSHCC/SHRM Members, we can invoice you for the registration.		

Please mail your completed registration form along with payment to:

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

