



LAB/PHYSICIAN
CUSTOMER INSIGHTS

Registration Form

April 12, 2023 | Virtual Event

1. FOUR EASY WAYS TO REGISTER



WEB
HIDA.org



E-MAIL
registration@hida.org



CALL
703-549-4432



MAIL
HIDA Registration: 310 Montgomery St., Alexandria, VA 22314

2. ATTENDEE INFORMATION

NAME _____ PREFERRED NAME _____

TITLE _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP/POSTAL CODE _____

PHONE _____ FAX _____

E-MAIL _____

PRIMARY MARKET YOUR COMPANY SERVES:

Hospital Post-Acute Physician/Clinics Lab Home Care Ambulatory Surgery Center All Equally Other: _____

3. METHOD OF PAYMENT (Payment must be received to process registration.)

HIDA Member/HEF Associate single registrant rate: \$199 first attendee
\$150 each additional attendee

Non-member single registrant rate: \$399 per person

CHECK payable to HIDA Educational Foundation **CHARGE:** MasterCard American Express VISA

NAME ON CREDIT CARD _____ SIGNATURE _____

CARD NUMBER _____ EXPIRATION DATE _____ SECURITY CODE (THREE DIGIT CODE FOUND ON BACK OF CREDIT CARD) _____

REGISTRATION POLICY: Space may be limited. Registration is first-come, first-served. Registration forms sent without payment will not be processed. Any photos taken at this event are property of HIDA and can be published without permission in HIDA materials.