SALES & MARKETING **Registration Form**

November 8-9, 2023 | Virtual Event

MAIL

1. FOUR EASY WAYS TO REGISTER

W	E	В	
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0 E-MAIL registration@hida.org CALL 1 231-267-5296



2. ATTENDEE INFORMATION

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NAME	PREFERRED NAME			
ΤΠLΕ				
COMPANY				
ADDRESS				
CITY	STATE	ZIP/POSTAL CODE		
PHONE	FAX			
E-MAIL				
PRIMARY MARKET YOUR COMPANY SERVES:				
🗌 Hospital 🗌 Post-Acute 🗌 Physicia	n/Clinics 🗌 Lab 🗌 Home Care	Ambulatory Surgery Center	All Equally D Other:	
3. METHOD OF PAYMENT (Paym	ent must be received to process	s registration.)		
Event Pricing AMS Accredited Individuals: Complimentary Member Company: \$199/person for first attendee, \$150/person for each additional attendee Non-Members: \$399 per person For AMS Sales Training (distributor and manufacturer members), contact Callie Barthel (barthel@hida.org, 703-838-6116). For HIDA membership, contact Kelley Taft (taft@hida.org, 703-838-6127). For HIDA Educational Foundation membership, contact Cindy Chen (chen@hida.org, 703-838-6114).				
Conference registration fee includes all program materials and scheduled events.				
CHECK payable to HIDA Educational Foundation CHARGE: MasterCard American Express VISA				
NAME ON CREDIT CARD	SIGNA	TURE		
CARD NUMBER	EXPIR	ATION DATE SE	CURITY 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.