

Please print your name as it should appear on your badge. AHDI ID# \_\_\_\_\_  
 First name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip, Country \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

Check here if you are disabled and require special services. Attach a written description of needs.

**NOTE: Early bird price will be available to the first 250 full registrants across all categories. Regular price takes affect after 250 has been reached. Cancellation Policy:** Refund requests must be written: \$50 administration fee, No refunds after July 24, 2012.

## FULL REGISTRATION

Full Registration includes:

- First Time Attendee & New Member Orientation**, Wednesday
- "Summer Fun" Welcome Reception & Exhibit Hall Opening**, Wednesday
- Keynote Presentation**, Thursday
- Lunch in the Exhibit Hall**, Thursday
- Breakfast in the Exhibit Hall**, Friday
- Keynote Presentation**, Friday
- Closing Awards Banquet**, Saturday
- Educational Sessions**, Thursday – Saturday
- Exhibits**, Thursday – Friday

(2) representatives from each Corporate and Educational member may register at the Individual Professional Member Rate

	Assoc. Student, Student/ Post-Grad Member	Individual Professional Member	Associate Member	List Price	Enter Fees Here _____
<b>Early Bird Rate</b> <small>First 250 full registrants across all categories</small>	\$300	\$360	\$470*	\$600	
<b>Payment Schedule for Early Bird Rate</b>					
<b>Payment #1</b> <small>(Charged at time of registration)</small>	\$100	\$120	\$156.67		
<b>Payment #2</b> <small>(Charged the 2nd month)</small>	\$100	\$120	\$156.67		
<b>Payment #3</b> <small>(Charged the 3rd month)</small>	\$100	\$120	\$156.66		

\*Includes upgrade to Individual Professional Membership

## SPECIAL EVENTS/WORKSHOPS (not included in Full Registration)

	Regular	On-site	
<b>Leadership Summit</b> , Wednesday .....	<input type="checkbox"/> \$20	<input type="checkbox"/> \$30	_____
<b>Managers/Supervisors Workshop</b> , Friday .....	<input type="checkbox"/> \$75	<input type="checkbox"/> \$85	_____
<b>*VIP Meet &amp; Greet Lunch with Keynote</b> , Friday .....	<input type="checkbox"/> \$60	<input type="checkbox"/> \$70	_____
<b>*VIP Lunch Buffet</b> , Saturday .....	<input type="checkbox"/> \$60	<input type="checkbox"/> \$70	_____

\*These events are included with Full Registration for guests staying at the JW Marriott at least (3) nights

## GUEST TICKETS

	Regular	On-site	
<b>"Summer Fun" Welcome Reception &amp; Exhibit Hall Opening</b> , Wednesday .....	<input type="checkbox"/> \$65	<input type="checkbox"/> \$75	_____
<b>Lunch in the Exhibit Hall</b> , Thursday .....	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50	_____
<b>Breakfast in the Exhibit Hall</b> , Friday .....	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45	_____
<b>Closing Awards Dinner Banquet</b> , Saturday .....	<input type="checkbox"/> \$65	<input type="checkbox"/> \$75	_____
<b>Exhibit Hall Pass</b> , Friday-Saturday <i>(does not include access to food in the exhibit hall)</i> .....	<input type="checkbox"/> \$85	<input type="checkbox"/> \$105	_____

**Note:** One exhibit hall guest pass included with purchase of full registration. Guest pass includes access to exhibit hall on Thursday, 8/9 and Friday, 8/10 only. It does not include food and beverage service. **Guest Badge Name:** \_\_\_\_\_

## ONE-DAY REGISTRATION FEES

- Thursday** (keynote, lunch in exhibit hall, ed. sessions, exhibits)
- Friday** (breakfast in the exhibit hall, keynote, ed. sessions, exhibits)
- Saturday** (ed. sessions, closing awards banquet)

	Assoc. Student, Student/ Post-Grad Member	Individual Professional Member	Associate Member	List Price	
<b>Regular Rate By 7/23/12</b>	\$165	\$190	\$260	\$320	_____
<b>On-site Rate Begins 7/24/12</b>	\$210	\$240	\$335	\$410	_____

## DISCOUNTS (if applicable; discounts cannot be combined)

Other coupons or discounts (please list): \_\_\_\_\_

**Subtotal from Above** \_\_\_\_\_  
**Subtract Discount** \_\_\_\_\_  
**Total Registration Amount** \_\_\_\_\_

Check here if you are NOT a Medical Transcriptionist:  Please select your PRIMARY work setting location:  At Home  On-site

**Please select your PRIMARY Healthcare Documentation Role (select only one):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Traditional Medical Transcriptionist        | <input type="checkbox"/> Quality Assurance Proofreader/Editor                    | <input type="checkbox"/> Healthcare Biller/Coder                                      |
| <input type="checkbox"/> Speech/Voice Recognition Editor             | <input type="checkbox"/> Medical Transcription Educator                          | <input type="checkbox"/> Health/Medical/Bio Informatician                             |
| <input type="checkbox"/> Medical Transcription Service Owner         | <input type="checkbox"/> Medical Transcription Manager/Supervisor                | <input type="checkbox"/> Healthcare Provider (Physician, Nurse, Allied Health Worker) |
| <input type="checkbox"/> Medical Transcription Recruiter/Trainer     | <input type="checkbox"/> Medical Transcription Sales/Marketing/PR                | <input type="checkbox"/> HIT Application/Software Developer                           |
| <input type="checkbox"/> Medical Transcription IT Support & Services | <input type="checkbox"/> Health Information Management Professional (RHIA, RHIT) |   |

NOTE: All registrants must abide by AHDI policies (1) that restrict the demonstration of products, solicitation of orders, processing of sales, and distribution of advertising matter to individuals, business firms, manufacturers, and dealers who have contracted and paid for space assignments in the AHDI exhibit hall or advertising space in the AHDI Annual Convention program, (2) prohibit the audio or video taping of presentations, except by those authorized by AHDI to do so and (3) state that portions of this event may be photographed, videotaped, or recorded. By registering, you grant to AHDI the right to photograph, videotape, and record you and your property at the event and authorize AHDI to copyright, use, and publish the same in print and/or electronically. If you do not agree, please contact AHDI for special arrangements.

\_\_\_\_\_ Please initial here if you DO NOT wish your name to be on the list of registrants available to annual convention exhibitors and other convention attendees.

Payment by personal check, money order, or credit card is accepted (US funds only) payable to AHDI: No purchase orders. Credit card registrations accepted by phone 800-982-2182, fax 209-527-9633, or mail at 4230 Kiernan Ave, Ste. #130, Modesto, CA 95356.

**My total registration amount is \$** \_\_\_\_\_

I am paying for my registration by  Check/Money Order  MasterCard  Visa  American Express  Discover

**Card #** \_\_\_\_\_ **Exp date** \_\_\_\_\_

**Cardholder name (print)** \_\_\_\_\_ **Authorized Signature** \_\_\_\_\_