

ADVOCACY SUMMIT 2011

REGISTRATION FORM

May 3 - 4, 2011 - Washington, DC

Headquarters Hotel:
Georgetown University Hotel & Conference Center
 3800 Reservoir Rd NW
 Washington, DC 20057
 Phone: 202-687-3200
 Fax: 202-687-3297

Name: Company (if applicable):

Address: City: State: Zip (9 digits*):

Day Phone: Cell Phone: Email:

AHDI Member (Y/N): MTIA Member (Y/N):

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

*Finding 9 digit zip code: You can find your full zip code by going to www.usps.com and entering your address.

Registration:

Full registration includes:

- Appointment scheduling service with the appropriate legislators
- Materials needed to convey a clear, concise, powerful message
- Orientation, reception, and preparation prior to your Hill visits
- Debrief reception following your Hill visits
- AHDI/MTIA staff assistance every step of the way

Day Tripper* registration includes:

- Electronic orientation packet sent prior to arriving on site
- Appointment scheduling service with the appropriate legislators
- On-site briefing prior to and following your Hill visits

*Fees waived when registering a group of 5 or more members; group registrations must be submitted together for fees to be waived.

Before April 4, 2011	Total:
<input type="checkbox"/> Member Full Registration \$60	_____
<input type="checkbox"/> List Price Full Registration \$80	_____
<input type="checkbox"/> Member Day Tripper* \$20	_____
<input type="checkbox"/> List Price Day Tripper* \$40	_____
<input type="checkbox"/> Gallery Seating (AHDI Board Meeting)	\$ 0
Total:	_____

April 4, 2011, and After	Total:
<input type="checkbox"/> Member Full Registration \$80	_____
<input type="checkbox"/> List Price Full Registration \$100	_____
<input type="checkbox"/> Member Day Tripper* \$40	_____
<input type="checkbox"/> List Price Day Tripper* \$60	_____
<input type="checkbox"/> Gallery Seating (AHDI Board Meeting)	\$ 0
Total:	_____

Payment:
 Check or money order to AHDI, or complete credit card information below.

Pay with a Credit Card (check box):
 MasterCard Visa American Express Discover

Credit Card # Expires (mm/yr)

Cardholder Name

Authorized Signature

Send Registration with Payment to:

AHDI
 4230 Kiernan Ave. Suite #130
 Modesto, CA 95356
 Toll Free: 800-982-2182 or 800-543-6842
 Fax: 209-527-9633
 Email: ahdi@ahdionline.org
 Web: www.ahdionline.org; www.mtia.com

Cancellation policy:

Refunds accepted through April 4, 2011, excluding the \$20 processing fee.

Medical Transcription Service Owner Information (If you are an owner/executive of an MTSO, please complete:)

This information will assist our lobbying firm with the pertinent information needed for Hill visits.

Company Name Owners Name

Company Address City State 9-Digit Zip:

Owner's Home Address City State 9-Digit Zip:

Estimated number of local employees (based on the metropolitan area in which the company is headquartered):

Estimated number of statewide employees (based on state in which the company is headquartered):

Estimated total number of employees:



