

COMPUTERS IN HEALTHCARE EDUCATION SYMPOSIUM

Registration Form

Name: _____

Institution: _____

Address: _____

City:State:Zip: _____

Phone: _____

Email: _____

Please complete the bottom portion of this form to calculate your registration fee.

Enclosed is my check for \$ _____ Please bill my MasterCard Visa

Credit Card Name: _____

Credit Card Number: _____ Expiration Date: _____

Cardholder Signature: _____

Please check all that apply:

- Faculty
- Librarian
- Practitioner
- Nurse
- Computer Services
- Student
- Speaker
- Exhibitor
- Volunteer of Staff

Pre-conference Workshops

_____ Seek and ye shall find...(9:00am) @ \$100 \$ _____

_____ Fund Raising Research and Grant Writing Techniques (10:00am) @ \$135 \$ _____

_____ Handling File Formats on the Internet (12:00pm) @ \$100 \$ _____

_____ Reference Manager (2:30pm) @ \$100 \$ _____

Single-day Registration with breakfast, lunch

Thursday / Friday

_____ HSLC Members @ \$110 (\$90 before March 27) \$ _____

_____ Non-members @ \$150 (\$130 before March 27) \$ _____

_____ Students @ \$50 (must send photocopy of ID) \$ _____

Two-day Registration with breakfast, lunch

_____ HSLC Members @ \$160 (\$140 before March 27) \$ _____

_____ Non-members @ \$200 (\$180 before March 27) \$ _____

_____ Students @ \$50 (must send photocopy of ID) \$ _____

_____ Check here if you plan to attend the Librarian Luncheon (Hosted by EBSCO Subscription Services on 4/25/97)

_____ Dinner and Tour of Allegheny University of the Health Sciences @ \$40 \$ _____

TOTAL \$ _____

Mail this completed form along with credit card information or a check (made payable to HSLC) to:
Symposium 97 • 3600 Market Street, Suite 550 • Philadelphia, PA 19104

Registrations made with credit cards may be faxed to (215) 222-0416.