

REGISTRATION FORM AHDI 32nd Annual Convention & Expo, Austin, TX, August 4-7, 2010

1 Badge name (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 _____

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

NOTE: Regular price good through July 19, 2010. On-site fees apply after July 19, 2010. All dates are postmarked dates.
Cancellation Policy: Refund requests must be in writing: \$50 administration fee. **No refunds after July 19, 2010.**

3	FULL REGISTRATION Full Registration includes: House of Delegates and Annual Business Meeting, Tuesday "Life is a Highway" Welcome Reception in the Exhibit Hall, Wednesday Opening Keynote Presentation, Thursday Lunch with Exhibitors, Thursday Education Sessions, Thursday-Saturday Keynote Presentation, Friday Buffet Lunch in the Exhibit Hall, Friday "No Limits" Integrity Awards Brunch, Saturday Closing Keynote Presentation, Saturday <i>Up to (2) representatives from each Corporate and Educational member may register at the Professional Member registration rate.</i>	Full Registration Fees (please indicate your fee category)				Enter Fees Here
		Student Member	Professional Member	Associate Member	Non-Member	
	Regular <input type="checkbox"/> \$375	Regular <input type="checkbox"/> \$450	Regular <input type="checkbox"/> \$600	Regular <input type="checkbox"/> \$750		
	On-site <input type="checkbox"/> \$475	On-site <input type="checkbox"/> \$570	On-site <input type="checkbox"/> \$760	On-site <input type="checkbox"/> \$950		

4	A LA CARTE EVENTS (not included in Full Registration) Grammar Workshop with Richard Lederer, PhD, Thursday Fun Night Out Event at Esther's Follies, Friday 2010 Managers/Supervisors Workshop, Saturday	Regular	On-site	Enter Fees Here
		<input type="checkbox"/> \$40	<input type="checkbox"/> \$25	
	<input type="checkbox"/> \$75	<input type="checkbox"/> \$95		

5	GUEST TICKETS "Life is a Highway" Welcome Reception in the Exhibit Hall, Wednesday... Lunch with Exhibitors, Thursday Lunch Buffet in the Exhibit Hall, Friday "No Limits" Integrity Awards Brunch, Saturday Exhibit Hall Pass,** Thursday-Friday <i>**Does not include food or beverage service</i> Note: One guest pass for exhibit hall is included in full registration packet.	Regular	On-site	Enter Fees Here
		<input type="checkbox"/> \$75	<input type="checkbox"/> \$45	
	<input type="checkbox"/> \$60	<input type="checkbox"/> \$75	<input type="checkbox"/> \$70	
	<input type="checkbox"/> \$80	<input type="checkbox"/> \$85	<input type="checkbox"/> \$100	

6	SINGLE-DAY PASSES (please indicate which day and fee category) <input type="checkbox"/> Thursday (keynote, lunch with exhibitors, ed. sessions, exhibits) <input type="checkbox"/> Friday (keynote, buffet lunch in the exhibit hall, ed. sessions, exhibits) <input type="checkbox"/> Saturday (keynote, ed. sessions, integrity awards brunch)	Student Member	Professional Member	Associate Member	Non-Member	Enter Fees Here
		Regular <input type="checkbox"/> \$155	Regular <input type="checkbox"/> \$180	Regular <input type="checkbox"/> \$250	Regular <input type="checkbox"/> \$310	
	On-site <input type="checkbox"/> \$200	On-site <input type="checkbox"/> \$230	On-site <input type="checkbox"/> \$325	On-site <input type="checkbox"/> \$400		

7	DISCOUNTS (if applicable; discounts cannot be combined) <input type="checkbox"/> Other coupons or discounts : _____	Subtotal from Above	Enter Fees Here

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

9 **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 for advertising purposes.

10 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. Online registration available at www.ahdionline.org.

11 **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 _____