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## SEMINAR REGISTRATION FORM – SCHEDULE FOR May 2010 – December 2010

“Application has been made to the American Association for Respiratory Care (AARC) for continuing education contact hours for respiratory therapists”

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ATTENDEE(S) NAME(S): \_\_\_\_\_

**PLEASE PLACE AN X NEXT TO THE DESIRED SEMINAR YOU WISH TO ATTEND** **Note: All seminars include lunch.**

X	Date	Seminar City/State	Location	Early Registration	Late Registration
	Tuesday <b>9/14/10</b> 10:00am-4:00pm	Kansas City, MO	Marriott Kansas City 775 Brasilia Kansas City, MO 64153	<b>\$260.00 by 8/13/10</b>	\$290.00 per attendee
	Tuesday <b>9/28/10</b>	Denver, CO	Denver Residence City Center 1725 Champa Street Denver, CO 80202	<b>\$260.00 by 8/27/10</b>	\$290.00 per attendee
	Tuesday <b>10/5/10</b> 10:00am-4:00pm	Seattle, WA	Hilton Seattle Airport 17620 International Blvd. Seattle, WA 98188	<b>\$260.00 by 9/3/10</b>	\$290.00 per attendee
	Tuesday <b>10/19/10</b> 10:00am-4:00pm	North Olmsted, OH	Radisson Hotel Cleveland Airport 25070 Country Club Blvd. North Olmsted, OH 44070	<b>\$260.00 by 9/17/10</b>	\$290.00 per attendee
	Tuesday <b>11/9/09</b> 10:00am-4:00pm	Sacramento, CA	Hilton Sacramento Arden West 2200 Harvard Street Sacramento, CA 95815	<b>\$260.00 by 10/8/10</b>	\$290.00 per attendee
	Monday <b>11/15/09</b> 10:00am-4:00pm	Atlanta, GA (Day before Medtrade)	Embassy Suites Hotel 267 Marietta Street Atlanta, GA 30313	<b>\$260.00 by 10/11/10</b>	\$290.00 per attendee

**SEMINAR REGISTRATION MUST BE ACCOMPANIED BY PAYMENT. FOR YOUR CONVENIENCE, WE ACCEPT VISA, MASTER CARD, AMERICAN EXPRESS OR COMPANY CHECK. SEMINARS MUST BE PAID IN FULL PRIOR TO SEMINAR DATE. PLEASE COMPLETE THE FOLLOWING FOR CREDIT CARD PAYMENT:**

CREDIT CARD # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ CCV: \_\_\_\_\_

Billing Address \_\_\_\_\_

For Credit Card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I agree to perform the obligations set forth by the cardholder's agreement with the issuer.

Cardholder Signature: \_\_\_\_\_

Note: You will receive a faxed confirmation, if you do NOT receive, please call our customer service dep't at 888-327-7301, press 1