



MCHC
Metropolitan Chicago
Healthcare Council

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PROGRAM REGISTRATION

***Symposium on Consumer-Driven Health Plan Strategies:
 Hospitals as Providers and Employers***

**Tuesday, September 27, 2005
 Drury Lane Convention Center, Oakbrook Terrace, Ill.
 8 a.m. to 3:15 p.m.**

Hospital: _____ **Contact Person:** _____

Telephone: _____ **E-mail:** _____

Fax: _____

Please indicate below which track each attendee prefers:

Track		Name	Title	E-mail address
I Employer	II Provider			

Fee: \$295 for the first registrant; \$195 for each additional registrant from the same MCHC member organization

TOTAL AMOUNT DUE: \$ _____

_____ Payment will be presented at onsite registration.

_____ Check enclosed. Check # _____ (Payable to: "MCHC Service Corporation")

_____ Credit Card: () VISA () MasterCard Acct. no.: _____

Name on card: _____ Exp. Date (mm/yy): _____

Signature: _____

Payment must be received at or before onsite registration. An additional \$50 per person fee applies if MCHC invoices the hospital for registered staff who have not paid and do not attend.

FAX to Deborah Johnson, MCHC, at 312-627-9002, phone 312-906-6004, or
MAIL with check to MCHC Service Corporation, P.O. Box 95468, Chicago, IL 60694-5468

Registrations must be received by Friday, September 16, 2005.