



2018 Educational Conference Registration Form

September 27-28
Albuquerque, NM at the Sheraton Uptown

PLEASE PRINT Legibly

NAME _____ Phone _____

Company _____ E-Mail _____

- _____ Yes, I will be attending Thursday's sessions September 27
_____ Yes, I will be attending Friday's sessions September 28
_____ Yes, I will be attending the Thursday evening dinner

Fees:

- _____ \$40 Registration
_____ \$10 Student Registration (scholarships available, contact Katie Alsup)
_____ \$20 Thursday evening dinner _____ \$25 Guest dinner

Refunds will be available until August 30, if unable to attend.

_____ Total paid

Payment Options:

_____ Check Enclosed OR

_____ Credit Card    

If paying by credit card:

Name as it appears on card: _____

Card Number: _____

Expiration date: _____ (ex: 12/2018)

Card Code (3 digit card verification number found on back of card) _____

Billing zip code _____

Mail to: SWRPOCG, c/o Katie Alsup, 1421 Lafayette Dr. NE, Albuquerque, NM 87106

Email to: Katherine.alsup@tricore.org

Checks payable to: SWRPOCG

Travel grants may be available to assist with conference expenses.
Please communicate any special needs or considerations.

Please check Web page periodically.
<http://www.pointofcare.net/Southwest/index.htm>