



Payor Summit

March 20, 2012

Columbia, SC

REGISTRATION FORM, Please print

NAME _____ MEMBER # _____

EMAIL ADDRESS _____

CPA ___ CHFP ___ FHFMA ___ OFFICER ___ PAST PRESIDENT _____

POSITION/TITLE _____

EMPLOYER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

RATES:	HFMA MEMBER BEFORE 03/09/12	\$60	_____
	NON-MEMBER REGISTRATION FEE AND AT THE DOOR	\$70	_____
	SPECIAL GROUPRATE, 5 OR MORE ATTENDEES*	\$40	_____

(*All registrations and payment must be submitted at one time. All attendees must be employees of the same parent organization.)

TOTAL ENCLOSED _____

Make checks payable to "SC HFMA"

PLEASE MAIL REGISTRATION AND PAYMENT TO:
Deborah Hunt
Lexington Medical Center
2720 Sunset Blvd.
West Columbia, SC 29169
Phone 803.936.7120
dbhunt@lexhealth.org