



MAY 19 - 20, 2006 SCOTTSDALE, ARIZONA

PREFERRED Therapy Providers Connecting Payors and Providers

Registration FORM

Please print all information. Please complete a separate registration form for EACH attendee.

Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

PREFERRED Member? [ ] Yes - Member # \_\_\_\_\_ [ ] No

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Will you be staying at the Chaparral Suites Resort? [ ] Yes [ ] No

Registration fees:

- [ ] Early-bird PREFERRED Member (prior to March 15, 2006) \$150.00
[ ] PREFERRED Member (after March 15, 2006) \$195.00
[ ] Non-member attendee \$250.00
[ ] Guest (for Friday evening reception only) \$ 35.00

Guest name: \_\_\_\_\_

Two easy ways to register:

Mail completed registration form, along with check or credit card information to:

PREFERRED Therapy Providers
101 Corporate Center
19820 N 7th Street, Suite 250
Phoenix, AZ 85024

Fax completed registration form, along with credit card information to:

or 623-869-9102

PAYMENT

Total fees: \$ \_\_\_\_\_

[ ] Visa [ ] Mastercard [ ] American Express [ ] Check # \_\_\_\_\_

Credit Card Information:

Cardholders Name: \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_ (MM/YY)

Attendee registration and guest fees are due in full at time of registration. Full refund of conference fees will be made if cancelled in writing prior to May 1, 2006.