

TIPS Workshop Registration Form

1. *Submit Registration (You may use any of the following options to provide the information.):*

Phone 800-438-8477 or 703-524-1200
Fax 800-937-8477 or 703-524-1487
On-Line www.gettips.com
Email sales@gettips.com

2. *Registration Information (Please list additional participants on a separate sheet.):*

Name and Title _____
Establishment _____
Managing Organization _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email Address _____
Have you been a TIPS trainer before? _____ Trainer # _____ Expiration _____
Is TIPS required by your establishment or managing organization? _____

3. *Workshop Pricing (Call 800-438-8477 to find out which rate applies to your workshop.):*

Discount Rate \$499.00
 Recertification Rate* \$249.00*
*Currently active or trainers who have expired in the past year
Group rates are available. Please call for details.

Workshop City: _____
Workshop Date(s): _____
Workshop ID #: _____

4. *Choose Payment Method (Check one of the following options.):*

Check or purchase order enclosed. Make checks payable to:
Health Communications, Inc. (HCI), 1501 Wilson Blvd., Suite 500, Arlington, VA 22209
Federal Tax ID #: 52-1333105

Charge my credit card: Mastercard Visa Amex Discover
Cardholder's Name _____
Credit Card Number _____ Expires _____
Total Charge _____ Signature _____

Payment Policy Payment is due no later than two (2) weeks prior to the date of your workshop. If not received by date due, a \$75.00 late registration fee will be assessed.

Cancellation Policy If you do not attend the workshop, or do not cancel your registration at least two (2) weeks prior to the workshop date, you will be charged an additional \$75.00 fee.

Refund Policy Workshop fees are non-refundable.

I have read and understand the terms of the above registration policies. (Initial Here) _____

Approving Manager _____ Date: _____

Workshop Participant _____ Date _____