



PLEASE COMPLETE THE INFORMATION BELOW

Conference on September 10 and 11		FEE:
1 st Attendee	Name:	\$ 320.00
Each additional attendee	\$260.00 Name(s):	\$
PRE-CONFERENCE on Surgery Chart Auditing		
1 st Attendee	for Chart Auditing course	\$ 180.00
Each additional attendee	\$150.00	
Total Number of Attendee(s)	TOTAL Amount Due:	\$
Payment Options:		
Check - due prior to meeting		
Credit Card Type: Visa Master Card AMX.	Company:	
Credit Card Number:	Billing Address:	
Credit Card Expiration date:	City, State, Zip:	
Amount to be Charged: \$	Tel #:	
	Fax #:	

Cancellations after August 14th will not be refunded. Cancellations must be submitted in writing.

**MAIL PAYMENT WITH A COPY OF THIS REGISTRATION TO:
 UNIQUE HEALTHCARE CONSULTING
 302 CUMBERLAND – LOLO, MT 59847**

FAX YOUR REGISTRATION: 1-209-729-5743

Questions? Email: questions@mtcorrectcodingfocusgroup.com