



**2008 AMERICAN INDIAN HEALTH POLICY SYMPOSIUM: ARIZONA**  
**3 EASY WAYS TO REGISTER**

Online at [www.aihmp.com](http://www.aihmp.com)

Mail completed form and payment to: AIHMP, P.O. Box 2256, Tempe, AZ 85280

Fax completed form to 602.926.2321

**Symposium Attendee Information**

Attendee Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Optional ½ day workshop on March 19: A  B  C

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Optional ½ day workshop on March 19: A  B  C

**Registration Details**

8:30am – 6pm. Sign-in and Exhibits open at 7:30a. Breakfast and lunch included. Business casual.

# of attendees \_\_\_\_ x \$299 (or \$249 early bird/non-profit rate, or \$150 student rate) +

# of attendees \_\_\_\_ x \$100 (Optional ½ day workshop on March 19)

= \_\_\_\_\_ Total symposium registration. Please make checks payable to AIHMP.

*Cancellation policy: Notice of cancellation must be received no later than March 7. 50% refund will be processed after that date.  
 Fax or email requests to Alicia Burgmeier at 602.926.2321 or [aburgmeier@aihmp.com](mailto:aburgmeier@aihmp.com)*

**Payment Method**

Check # \_\_\_\_\_ Money Order # \_\_\_\_\_ ( ) VISA ( ) MC ( ) DISC ( ) AMEX

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date (Mo) \_\_\_\_ (Yr) \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_