



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

Online at 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

Attendee Name: _____ Phone: _____ Email: _____

Organization: _____ Address: _____

Optional ½ day workshop on March 19: A B C

Attendee Name: _____ Phone: _____ Email: _____

Organization: _____ Address: _____

Optional ½ day workshop on March 19: A B C

Attendee Name: _____ Phone: _____ Email: _____

Organization: _____ Address: _____

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*

Payment Method

Check # _____ Money Order # _____ () VISA () MC () DISC () AMEX

Credit Card # _____ - _____ - _____ - _____ Exp. Date (Mo) ____ (Yr) _____

Name on Card: _____ Signature: _____ Date: _____