



2008 AMERICAN INDIAN HEALTH POLICY SYMPOSIUM: CALIFORNIA
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: _____

Attendee Name: _____ Phone: _____ Email: _____

Organization: _____ Address: _____

Attendee Name: _____ Phone: _____ Email: _____

Organization: _____ Address: _____

Attendee Name: _____ Phone: _____ Email: _____

Organization: _____ Address: _____

Registration Details

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

of attendees _____ x \$275 (or \$249 early bird/non-profit rate, or \$150 student rate)

= _____ Total symposium registration. Please make checks payable to AIHMP.

*Cancellation policy: Notice of cancellation must be received no later than May 9. 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: _____

Sponsor/Exhibitor Registration

Sponsors and Exhibitors may register online or by contacting Alicia Burgmeier at 623.680.4111 or aburgmeier@aihmp.com.