

REGISTRATION FORM



Heartland Conference 2009
June 8-11.2009
www.vgmheartland.com

First Name _____ Last Name _____

First Name for Badge _____

Company Name _____

Address _____

Address Line 2 _____

City _____ State _____ Province/District _____ Zip/Postal Code _____

Country _____

Email Address _____

Phone Number _____ Fax Number _____

Mobile Number (In Case of Emergency) _____

Member Number (Include letters and numbers) _____

REGISTRATION CATEGORY

- | | |
|---|----------|
| <input type="checkbox"/> ATTENDEE MEMBER | \$345.00 |
| <input type="checkbox"/> ONE-DAY CONFERENCE ATTENDEE | \$145.00 |
| <input type="checkbox"/> US REHAB TECH TRAINING | \$345.00 |
| <input type="checkbox"/> BILLING BOOT CAMP ONLY(ONE-DAY, MONDAY, JUNE 8) | \$199.00 |
| <input type="checkbox"/> BILLING BOOT CAMP With Conference Registration (ONE-DAY, MONDAY, JUNE 8) | \$149.00 |

REGISTRATION TOTAL

ADDITIONAL REGISTRATION OPTIONS

HEARTLAND GOLF TOURNAMENT \$50/PERSON YES NO

Rental Clubs Needed YES NO Left Right

GUEST FEE (Fee is \$85 and includes all evening social events)\$85 YES NO

ADDITIONAL OPTIONS TOTAL

REGISTRATION FORM



CEC/CEU INFORMATION - VGM anticipates Heartland sessions will be approved by the following accrediting bodies. Registration and payment must be made when registering for Heartland.

- | | |
|--|--|
| <input type="checkbox"/> AARC (AARC Member # Required) _____ | <input type="checkbox"/> ABC (Certification # Required) _____ |
| <input type="checkbox"/> NRRTS | <input type="checkbox"/> BOC (Certification # Required) _____ |
| <input type="checkbox"/> Iowa Board of Nursing (\$20 per person) | <input type="checkbox"/> IACET (\$10 per person) |
| <input type="checkbox"/> RESNA (\$16 per person) | <input type="checkbox"/> University of Pittsburgh (\$5 per person) |
| <input type="checkbox"/> CCMC | |

CEC/CEU TOTAL

Registration Total (Box 1 on front of form) _____

Additional Options (Box 2 on front of form) _____

CEC/CEU Total (Box 3 this side of form) _____

TOTAL

**For more info contact: VGM Events Department Email - events@vgm.com
Phone - 877-484-6901 Fax completed form to VGM Events at 319-833-4565.**

Method of Payment

VISA, Mastercard and American Express ONLY.

Cardholder Name: _____

Cardholder Address: _____

E-mail Address: _____

Card Number: _____

3 Digit Verification Code: _____ Expiration Date: _____

Authorized Signature: _____

After May 15, all cancellations will be charged the full registration fee. All cancellations must be received in writing by May 15 to be refundable. All cancellations are subject to a \$25 handling fee.

FOR OFFICE USE ONLY:

CC PROCESSED

ENTERED IN CERTAIN