

DeVaney Consulting Group, Inc.
Seminar Registration Form

I/we would like to attend the ***OUTSOURCING CLINICAL SERVICES: What Every Hospital Needs To Know*** seminar.

Please save me _____ spaces(s). (Payment must be received to insure a space).*

Attendance for this seminar is strictly limited- no exceptions, please register early!

Date and Location of Seminar: _____

Fees: \$395 for the first attendee, \$295 for each additional attendee from the same organization. Deduct \$25 for each attendee who registers more than 30 days prior to the event.

Total Fees: \$_____ (Please list all who will attend, below)

You can register by phone/fax/mail:

Phone: 800-261-1114

Fax: (858) 513-8267

DeVaney Consulting Group, Inc.
13887 Deergrass Court, Suite 100
Poway, CA 92064

Method of Payment:

_____ **Check:** Please find my check enclosed for \$395 (+ \$295 per add'l person, -\$25 for early registration) made payable to **DeVaney Consulting Group, Inc.**
(please complete information below)

_____ **Credit Card:** Please detail the information below.

_____ Visa _____ Mastercard

Card Number: _____ Exp. _____

Signature: _____

Name: _____ **Name:** _____

Hospital: _____ **Hospital:** _____

Position: _____ **Position:** _____

Address: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____ **City:** _____ **State:** _____ **Zip:** _____

*Registration packet including hotel information and directions will be mailed upon receipt of registration form