



Capital Chapter of AHDH
Mini Symposium
Saturday, May 15, 2010
 Wingate by Wyndham - Round Rock, Texas

Name _____ AHDH or AHIMA # _____

* Print your full name clearly as you would like it to appear on name badge. **Include credentials**, if applicable.

Address _____ City/State _____ Zip _____

Phone (_____) _____ Email _____

AHDH Local Chapter Affiliation (if applicable) _____

Students: Name of School _____

* To qualify for the student rate, a letter from your instructor confirming student status must be attached to this form.

Registrants Please mark the appropriate category Note: Membership status will be verified	Capital Chapter Members & Students	AHDH Members & AHIMA Members	Non-Members
Registration Fee Includes Continental Breakfast	<input type="checkbox"/> \$15 Early (By May 1) <input type="checkbox"/> \$20 Late/At Door	<input type="checkbox"/> \$20 Early (by May 1) <input type="checkbox"/> \$25 Late/At Door	<input type="checkbox"/> \$25 Early (by May 1) <input type="checkbox"/> \$30 Late/At Door

REGISTRATION DEADLINES

Early registration must be postmarked by **May 1, 2010**.

Amount Enclosed: \$ _____

Late/At Door registration fees apply **after** May 1, 2010.

The last day to register by mail is May 6. After that date, if you plan to register at the door you must notify both contacts listed below by e-mail by May 11 so we can plan accordingly.

- Check here if this is the first Capital Chapter meeting/event you have attended.
- Check here if you do not want your name on the list of registrants made available to sponsors/exhibitors.
- Check here if you require special services. Please attach written description of needs.

Note: AHDH Educational Members (schools) may send only one attendee at the member rate.

 Detach and keep this portion for your records

Make check or money order payable to: Capital Chapter of AHDH

Mail registration form with payment to:
 Bobbie Hart
 1818 Thompson Trail
 Round Rock, TX 78664
 E-mail: bhartcc@gmail.com

For questions, please contact:
 Kathy Muelker, CMT
 Capital Chapter President
 E-mail: k_muelker@msn.com
 512-272-9142

Check # _____
 Amount \$ _____
 Date mailed _____

REFUND POLICY: Request for refund must be made in writing. If request is postmarked by May 6, 2010, the registration fee will be refunded. No refunds will be given after May 6, 2010.

NOTE: Contributions or gifts to the Capital Chapter are not deductible as charitable contributions for federal income tax purposes; however, they may be deductible as ordinary and necessary business expenses.

For event information and updates, visit the Capital Chapter website: **www.capitalchapter.org**