



Clinical Information Interoperability Council (CIIC) Meeting

Thursday, July 13, 2017

REGISTRATION FORM

Jointly Hosted By:



1. Contact Information

All advance registrations must be received by end of day on July 7, 2017.

First Name		Last Name	
Title/Position		Organization	
Address			
City	State	Zip	Country
Telephone		Fax	
Email		Nickname for Badge	

2. Survey & Information

Name of clinical society you are representing at this meeting: _____

Please select your role: ☐ Executive/Decision-Maker ☐ Technical Advisor

3. CIIC Fees

I plan to attend the **CIIC Meeting**.

Meeting Fee: ☐ \$100

4. Payment Information

Payment must be included in order to process your registration. Method of Payment (US Dollars, Drawn on US Bank Only)

☐ Check (Please make payable to: Health Level Seven International)

Credit Card: ☐ Visa ☐ Master Card ☐ American Express ☐ Discover

Credit Card Number	Expiration Date	Billing Zip Code
Name on Card (Please Print):		
Signature		

Cancellation/Refund Policy: Prepaid registrants who cancel prior to July 7, 2017 will receive a full refund less a \$50 processing fee. After this date, no refunds will be given for ANY reason.

Payment Policy: Registrations for the meeting can only be paid for in US currency.

Mail/Overnight

Health Level Seven International
3300 Washtenaw Ave., Suite #227
Ann Arbor, MI 48104 USA

Fax

+1 (734) 677-6622