



HRSA HIT Workshop Registration and Payment Form



February 1 and 2, 2011

Please fax the completed form to: Bonnie Schellenberg Fax# 520-626-4774

Attending in person Tucson

Attending by video conference Phoenix **Phoenix attendees please bring a laptop for the second day workshop**

Are you a HRSA Grantee Yes No I don't know

(Please print):

Full name of workshop attendee: _____

Organization (if any): _____ Title: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____ E-Mail Address: _____

Payment Options:

Credit card (please check type):

Visa Master Card Discover American Express

Credit Card number: _____ Expiration date: _____ Security code: _____

Total Amount Due: \$100.00

If name on card is different from above:

Cardholder's name: _____ Phone Number: _____

Email address: _____

Check:

Please make payable to: Arizona Telemedicine Program
Send to: PO Box 245105
Tucson, Arizona, 85724-5105

Purchase Order: PO # _____

For Business Use Only:

Processed By: _____

Reference #: _____

Date Processed: _____

Invoice #: _____

Approval Code: _____