

# IFASC FALL 2011 CONFERENCE REGISTRATION

Join us for this September 30<sup>th</sup> day of learning and networking

**NAME(S)** \_\_\_\_\_

(PLEASE LIST YOUR JOB TITLE: Admin, Exec Dir, DON, Physician, OR Staff, Office Mgr, Clinical Dir, Medical Dir, etc.)

**CENTER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

ALL employees of an IFASC member center qualify as members for educational programs.  
Non-members are entities that have not joined the Indiana Federation of Ambulatory Surgical Centers

MEMBER FEE: \$100.00

NON-MEMBER\* FEE: \$350.00

NUMBER OF MEMBERS ATTENDING \_\_\_\_\_ @ \$100.00 \_\_\_\_\_

NUMBER OF NON-MEMBERS ATTENDING \_\_\_\_\_ @ \$350.00 \_\_\_\_\_

\*(a Membership Application form is available at [www.IFASC.com](http://www.IFASC.com))

CHECK # \_\_\_\_\_

CHECK TOTAL \$ \_\_\_\_\_

\_\_\_\_ Yes, I (we) want a (free) massage (number[of people]: \_\_\_\_\_)

**PLEASE SEND THE FOLLOWING BY September 23<sup>rd</sup>**

**CHECK  
&  
REGISTRATION FORM**

**To:**

**IFASC  
P.O. Box 3183  
Carmel, IN 46082**

SHOULD YOU REQUIRE INFORMATION OR ASSISTANCE, PLEASE CONTACT  
IFASC ADMINISTRATIVE SECRETARY  
MARY ANNE KOEHLER

phone 317.848.5255, email [koehler-ma@sbcglobal.net](mailto:koehler-ma@sbcglobal.net), fax 317.848.2677  
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