

FALL 2009 CONFERENCE REGISTRATION

Join us for a day of learning & networking, an excellent chance to win the Grand Prize,
and
the IFASC's 2nd Intensive Look Into the Vital Issue of **Reimbursement**

NAME(S) _____

(PLEASE LIST YOUR JOB TITLE: AdmIn, Exec Dir, DON, OR Staffer, Office Mgr, Clinical Dir, Medical Dir, etc.)

CENTER _____

ADDRESS _____

PHONE _____ EMAIL _____

**ALL employees of an IFASC 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 also available on this www.IFASC.com web site)

CHECK # _____ CHECK TOTAL \$ _____

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

PLEASE SEND THE FOLLOWING BY SEPTEMBER 28:

CHECK

- **REGISTRATION FORM**
- **QUESTIONS for Mary Azbill**
- **Questions for UnitedHealthcare representatives**

To:

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

SHOULD YOU REQUIRE INFORMATION OR ASSISTANCE, PLEASE CONTACT IFASC ADMINISTRATIVE SECRETARY
MARY ANNE KOEHLER via 317.848.5255 or at koehler-ma@sbcglobal.net