

APIC GRAND ROUNDS: Protecting Patients from the Risk of SSI's

REGISTRATION FORM

PRIMARY ATTENDEE

APIC Member ID#: _____
 Name (First, Middle, Last): _____
 Credentials/Designations: _____
 Business Phone: _____ Fax Number: _____
 E-MAIL: _____

Employer/Facility Name: _____
 Business Mailing Address: _____

Additional Attendee

Name (First, Middle, Last): _____
 APIC Member ID#: _____ Credentials/Designations: _____
 Business Phone: _____ Fax Number: _____
 E-MAIL: _____

Additional Attendee

Name (First, Middle, Last): _____
 APIC Member ID#: _____ Credentials/Designations: _____
 Business Phone: _____ Fax Number: _____
 E-MAIL: _____

Attach additional attendee names & contact information in similar format.

APIC USE ONLY

ID # _____
 TRANS # _____

Log on to
www.apic.org/GrandRounds
 for more
 information

Check this box if you need **special accommodations** due to disability, health concerns, or physical challenges. Please e-mail a written explanation of your needs to education@apic.org

PAYMENT CALCULATOR

Join APIC Now & Save \$20 off the non-member rate for this conference!

MEMBERSHIP STATUS:

Member Non-Member
 Joining

PAYMENT TYPE:

Check is enclosed
 (Payable to APIC in U.S. dollars from a U.S. bank)

Charge to:

Visa MasterCard AMEX
 Government credit card

FIND YOUR REGISTRATION TYPE AND FILL IN THE COST IN THE SUB-TOTAL COLUMN

Attendee Type	Rate Per Attendee		Subtotal
Single Attendee	\$49 (Member)	\$69 (Non-Member)	
Special Additional Attendee Rate *Note: One person from each facility must be an APIC member to qualify for the Additional Attendee rate.			
Total Additional Attendees from your facility		x \$49 each	
★ Joining Member APIC Membership \$169 → (Use Member registration prices plus \$169 Membership fee)			
TOTAL AMOUNT DUE:			

SIGNATURE: _____

CARD #: _____ EXPIRATION DATE: _____

COURSE SITES AND DATES

- Philadelphia, PA**
 Drexel University, Hahnemann Campus (downtown)
 October 1, 2008
- Seattle, WA**
 University of Washington Medical Center
 October 6, 2008
- Houston, TX**
 Texas Medical Center, St. Luke's Episcopal Hospital
 October 21, 2008

TO REGISTER, FAX FORM to:

Mail w/payment to: APIC Grand Rounds
 1275 K Street NW, Ste 1000
 Washington, DC 20005

202/789-1899

Questions?

Call APIC at **202/789-1890** or
 e-mail: education@apic.org

Cancellation Policy: All cancellation requests must be received by APIC Headquarters in writing (fax, email) one week prior to the start of the conference. A \$15 cancellation fee will be assessed if the request is received within one week of the conference date. Please submit cancellation requests to education@apic.org or fax to 202.789.1899. No refunds for cancellations received on or after the conference date. No-shows are non-refundable. Substitutes are allowed.