

Registration Form

2009 Advanced Coding, Billing and Reimbursement Seminar

Chicago, IL February 5 & 6, 2010

Friday, February 5 • Procedural Coding & Modifier Use, Problematic Urology Coding
 Saturday, February 6 • E/M Coding, 2010 Urology Coding Update, Office Management Issues

Embassy Suites Hotel O'Hare – Rosemont

5500 North River Road
 Rosemont, IL 60018

Reservations: (800) 362-2779

Mention that you are attending the Physician Reimbursement Systems seminar for special room rate.

Pricing Information

First Attendee

One Day: \$350.00
 Both Days: \$600.00

Additional Attendees

One Day: \$250.00
 Both Days: \$450.00

Lunch included

First Attendee Registration Information

Salutation	First Name	Last Name	Suffix
Professional Title		Specialty	
Company / Practice			
Mailing Address			
City	State	ZIP	
Phone	Ext.	Fax	eMail (required for confirmation email)

First day

Second day

First Attendee
 Total: \$ _____

Additional Attendees

Salutation	First Name	Last Name	Suffix	Friday/Saturday/Both
Salutation	First Name	Last Name	Suffix	Friday/Saturday/Both

Additional Attendees

One Day:
 # of Additional Attendees
 x \$250.00

Both Days:
 # of Additional Attendees
 x \$450.00

Total Add'l Attendees: \$ _____

Total All Attendees: \$ _____

To Register (4 convenient ways)

- 1 • Go to <http://prsnetwork.com/seminars> click on the "Register for Las Vegas" link
- 2 • Mail the completed registration form with a check payable to **Physicians Reimbursement Systems**
2635 Walnut Street, Denver, CO 80205
- 3 • Fax the completed registration form with Credit Card information to (303) 534-0577
- 4 • Call (800) 972-9298 option 2 for sales then option 4 for seminars with Credit Card information

Cancellation Policy:

The following policies apply with no exceptions. If you encounter a conflict, you may either send an alternate member of your staff or request a refund. Two weeks notice is required. There will be no on-site registrations without prior authorization. A \$75 processing fee will be held for cancellations or changes made less than two weeks from the seminar date. To cancel, call 800 972-9298 or fax a letter to 303 534-0577

Payment Information

Payment of \$ _____ Check / Check number: _____

Credit Card / Card number: _____ Expires: ____/____/____

Name on card: _____

Statement Address _____

Signature: _____

MasterCard Discover Visa AmEx