



# PACT

## PHYSICIANS ADOPTING COMPUTER TECHNOLOGY CONFERENCE

*A HIMSS conference exploring the benefits of EHR for your practice.*

### REGISTRATION FORM

First Name	MI	Last Name
<input type="checkbox"/> III <input type="checkbox"/> CHP <input type="checkbox"/> CHPS <input type="checkbox"/> CHS <input type="checkbox"/> CPHIMS <input type="checkbox"/> FACHE <input type="checkbox"/> FHIMSS <input type="checkbox"/> JD <input type="checkbox"/> JR <input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> RN <input type="checkbox"/> RPh <input type="checkbox"/> Other		
Nickname for Badge	Title	
Organization		
Address		
City		State
Zip Code	Country	
Telephone	X	Fax
International Tel/Fax		
E-mail		

Above address is permanent change from mailing label

Emergency contact: \_\_\_\_\_

Phone number: \_\_\_\_\_

Special assistance required (please specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Location

Please select the location you plan to attend:

Jacksonville, Florida  
November 6, 2004

Portland, Oregon  
November 13, 2004

#### Registration Options

HIMSS member/MGMA member/student/medical resident .....  \$149

Non-member .....  \$169

PACT registration + new HIMSS membership\* .....  \$235

\*Membership valid through June 2005.

#### Education Tracks

I plan to attend:

Getting Started Track

Making the Most of Your EHR Track

A mix of both tracks

Total Amount Due \$ \_\_\_\_\_

#### How did you hear about this conference?

Conference brochure

HIMSS Web site

HIMSS e-mail

HIMSS e-news

Medical Economics Web site

Medical Economics ad

Medical Economics e-mail

Medical Economics letter from the editor

MGMA newsletter

PAHCOM newsletter

Received information at MGMA conference

Through my local hospital

Through my local medical society

Other \_\_\_\_\_

Name of person who referred you: \_\_\_\_\_

\_\_\_\_\_

### 3 Ways to Preregister

Complete both pages of this form and send via:



Please allow 5-10 working days for delivery and confirmation.

HIMSS  
Lockbox 6923  
Dept 77-6923  
Chicago, IL  
60678-6923



For credit card registration only. Please allow 5-10 working days for confirmation.

Fax: 312.915.9209  
Attn: Finance  
Credit card orders only.  
To avoid being charged twice, please DO NOT mail form after faxing.



For credit card registration only  
[www.himss.org/pact](http://www.himss.org/pact)

Questions about your registration or the conference?  
Call: 312.915.9273

Questions about HIMSS? Call: 312.664.HIMSS (664.4467)  
E-mail: [membership@himss.org](mailto:membership@himss.org)

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### REGISTRATION FORM

Name \_\_\_\_\_

#### Method of Payment – No Purchase Orders Accepted

Total Amount Due (from page 1) \$ \_\_\_\_\_

- Enclosed is a check or money order made payable to HIMSS  
 Please charge my credit card:  
 Visa  
 American Express  
 Mastercard  
 Discover

Please print name as it appears on card

Name on Card \_\_\_\_\_

Card No. \_\_\_\_\_

Expiration \_\_\_\_\_

Signature \_\_\_\_\_

Full payment and signature must accompany this completed form for registration to be processed. Note: **To facilitate check payments, the HIMSS Federal Tax Identification Number is 36-3906745.**

#### Badges Will Not Be Mailed Prior to Conference

You will need to go to registration on site to pick up your badge and other registration materials.

#### Cancellation/Refund Policy

Full conference registration fees, less a \$100 cancellation fee, are refundable only if written notice is received by HIMSS on or before October 6, 2004. Registrations and cancellations received after October 6, 2004, are not refundable. You may not reinstate a registration after you cancel it. HIMSS membership fees are non-refundable and non-transferable. If you cancel and are entitled to a refund, expect the refund within 60 days post conference.

Faxed and Web site registrations must be charged to Visa, Mastercard, American Express, or Discover. No purchase orders are accepted.

Registrants unable to attend may send a substitute. If the substitute is not a member, the nonmember fee will be required. Substitutions must be made in writing to HIMSS.

HIMSS reserves the right to cancel or reschedule programs and to close registrations when programs are sold out. For these reasons, registrants are advised against purchasing non-refundable airline tickets.

Should the conference be cancelled, your registration fee will not be refunded but will automatically be applied to the next PACT conference. By registering, you agree to all the terms and conditions set forth above.

#### Demographic Questions

##### 1. Professional role (choose one):

- |  |  |
|--|--|
| <input type="checkbox"/> CEO                   | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> CFO                   | <input type="checkbox"/> Other Senior Management |
| <input type="checkbox"/> CIO                   | <input type="checkbox"/> Partner                 |
| <input type="checkbox"/> Chief Medical Officer | <input type="checkbox"/> Physician               |
| <input type="checkbox"/> Chief Nursing Officer | <input type="checkbox"/> Professor               |
| <input type="checkbox"/> Clinician             | <input type="checkbox"/> RPH (Pharmacist)        |
| <input type="checkbox"/> Consultant            | <input type="checkbox"/> Programmer/Developer    |
| <input type="checkbox"/> COO                   | <input type="checkbox"/> Senior Staff/Manager    |
| <input type="checkbox"/> Director/Dept. Head   | <input type="checkbox"/> Staff                   |
| <input type="checkbox"/> Nurse                 | <input type="checkbox"/> Student                 |

##### 2. Work site (choose one):

- |   |   |
|---|---|
| <input type="checkbox"/> Academic                   | <input type="checkbox"/> Law/Investment Firm            |
| <input type="checkbox"/> Ambulatory Care            | <input type="checkbox"/> Long Term Care                 |
| <input type="checkbox"/> Consulting Firm            | <input type="checkbox"/> Managed Care/HMO/PPO           |
| <input type="checkbox"/> Clinical Group Practice    | <input type="checkbox"/> Other Provider                 |
| <input type="checkbox"/> Government/Military/VA     | <input type="checkbox"/> Payer                          |
| <input type="checkbox"/> Healthcare Consulting Firm | <input type="checkbox"/> Public/Community/Mental Health |
| <input type="checkbox"/> Healthcare System (Corp.)  | <input type="checkbox"/> Vendor Organization            |
| <input type="checkbox"/> Hospital                   |   |

##### 3. Principal work focus (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Case Management             | <input type="checkbox"/> Medical Education                     |
| <input type="checkbox"/> Clinical Administrator      | <input type="checkbox"/> Medical Staff Service                 |
| <input type="checkbox"/> Clinical Systems            | <input type="checkbox"/> Patient Care                          |
| <input type="checkbox"/> E-Commerce/E-Health         | <input type="checkbox"/> Reengineering/Performance Improvement |
| <input type="checkbox"/> Financial Management        | <input type="checkbox"/> Research                              |
| <input type="checkbox"/> Internet/Intranet           | <input type="checkbox"/> Security/Confidentiality/Privacy      |
| <input type="checkbox"/> IT Infrastructure           | <input type="checkbox"/> Telecommunications                    |
| <input type="checkbox"/> Legal Aspects of Healthcare |  |
| <input type="checkbox"/> Leadership Management       |  |

##### 4. Length of time in medical practice field (years):

- <1    1-5    6-10    11-15    >15

##### 5. Number of physicians in your practice:

- 1    2-5    6-10    11-25    26-100    > 100

##### 6. Budget for IT spending during the next year:

- <\$10K    \$10K-\$25K    \$26K-\$50K    \$51K-\$100K  
 \$100K-\$500K    > \$500K

##### 7. Purchasing authority:

- Decision influencer    Decision maker    Not applicable

#### Questions about your registration or conference?

Call: 312.915.9273

Fax: 312.664.6143

#### Questions about HIMSS?

Call: 312.664.HIMSS (664.4467)

E-mail: [membership@himss.org](mailto:membership@himss.org)