

Registration Form



Register Online
www.healthmedia.com/engage2009/registration.htm

Register by Mail
Please print or type and send to:
ENGAGE 2009
HealthMedia, Inc.
130 S. First St.
Ann Arbor, MI 48104

Register by Phone
734.623.5474

Register by Fax
Complete form and fax to:
734.623.0003

Attendee Information: *Check all that apply:* Customer Prospective Customer Partner Speaker Sponsor Other

First and Last Name: _____

Title: _____

Company: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Email: _____

Telephone: _____

Fax: _____

Product Information:

Please indicate the PRIMARY HealthMedia product you work with (*select only one*):

- Lifestyle Management Products
- Disease Management Products
- Custom Products

I will attend the Product Discovery Workshops on Tuesday, 5/12/09 *

- Participation Strategy
- Incentive Strategy
- Selling the HealthMedia Difference

Conference Registration Fee

Cancellations/Substitutions: Cancellations must be received in writing. Cancellations by April 15, 2009 will be refunded in full. Cancellations made between April 16 and April 30, 2009 are subject to a \$250 cancellation fee. After May 1, 2009, the registrant is responsible for the full conference fee and no refund will be issued. You may substitute another person from your organization at any time without charge. Substitutions must be submitted in writing or email to info@healthmedia.com.

		<u>ONLINE CODE</u>	
<input type="checkbox"/> Kick- Off Golf Outing	-Held at the Hyatt Hill Country Golf Club. Includes greens fees and cart	\$135	GOLF
<input type="checkbox"/> Super Early Bird Registration	-Your paid registration received on or before December 31, 2008	\$795	HEMEEEB
<input type="checkbox"/> Early Bird Registration	-Your paid registration received between January 1 and April 1, 2009	\$895	HEMEEB
<input type="checkbox"/> Regular Registration	-Your paid registration received between April 2 and May 11, 2009	\$995	HEMEREG
<input type="checkbox"/> Group Registration	-Register 3 or more people from your company for \$695 each	\$695	HEMEGRP
<input type="checkbox"/> Federal Employee/Military Rate	-Full conference registration for Federal Government Employees	\$250	FEDENG09
<input type="checkbox"/> Discovery Workshops*	-Full day pre-conference sessions	\$ 50	WKSP

Method of Payment:

Check (payable to HealthMedia, Inc.) enclosed in the amount of \$ _____

Bill my credit card

Card type (select one): American Express MasterCard Visa Discover

Credit Card Number: _____ Exp. Date: _____

Master Card/Visa/ Discover 3-digit security code: _____ AMEX 4-digit code _____

Cardholder Name: (please print): _____

Cardholder Billing Address: _____

Signature: _____

Please bill me. Purchase order number (mail original P.O. to address above): _____

Check enclosed

Your registration includes:

- ✓Conference presentations, case studies, break-out sessions
- ✓Documentation including speaker presentations on CD
- ✓All food services listed in the program

Questions about the Conference?

Call 734.623.5474 or e-mail info@healthmedia.com

BY POPULAR DEMAND!

Share the experience with a guest:

GUEST Fees (21 years or older)

- \$135 Golf fee for Monday golf outing
- \$50 Monday evening Reception (includes appetizers and drinks)
- \$50 Tuesday evening Customer Appreciation Reception (included appetizers and drinks)
- \$75 Wednesday evening event (includes dinner, drinks and entertainment)
- \$295 All events combined

Total = _____

Guest First and Last Name _____

Method of Payment:

Check (payable to HealthMedia) enclosed in the amount of \$ _____

Bill my credit card

Card type (select one): American Express MasterCard Visa Discover

Credit Card Number: _____ Exp. Date: _____

Master Card/Visa/ Discover 3-digit security code: _____ AMEX 4-digit code _____

Cardholder Name: (please print): _____

Cardholder Billing Address: _____

Signature: _____