REGISTRATION FORM
SHC Medical Partners 2017 Annual Conference
February 24 – 25, 2017 – Louisville, KY

Print Name:	Credentials:
Organization/Employer Name:	
Mailing Address - Street: Home Work	
City / State / Zip:	
Professional License #	State Exp. date
Daytime Phone: Home Work ( )	
E-mail (required): Home Work _____	

☐ Do not share my email address with any SHC Medical Partners exhibitor

Conference Registration Fee	Fee
Main Conference Registration Fees	**Rate**
Postmarked 2/11/2017 & before - Early Fee	$299
Postmarked 2/11/2017 & after - Regular/Onsite Fee	$349

Ways To Register

By Fax: 502-568-7136

Mail completed form with payment to:
SHC Medical Partners Registration
12201 Bluegrass Parkway
Louisville, KY 40299

Registration cannot be processed without payment.

Purchase Orders cannot be accepted.

Make checks payable in U.S. funds to: **SHC Medical Partners**

All cancellations and transfers must be received in writing. For cancellations postmarked prior to February 11, 2017, we will refund registration cost, less a $50 administrative fee. We are unable to make refunds after February 11, 2017, but will gladly transfer your registration to a colleague if the request is made in writing to SHC Medical Partners at the above address.

You will receive your **receipt/confirmation** information via the email address used to register for this meeting.

Enjoy Great Networking!

Special Needs* (dietary, access, etc.)

* Please let your server know that you reserved a special needs meal.

PAYMENT OPTIONS Tax ID #26-1329228

Check enclosed made payable in U.S. funds to SHC Medical Charge my:

* Last 3 digits after signature on back of VISA/MasterCard – Last 4 digits on front right of American Express.

Credit Card Number _____ Exp. Date _____ Security Number* _____

Billing address _____

Signature _____ Name on Card (please print) _____