



Coding Strategies, Inc.

5041 Dallas Hwy, Ste 606, Powder Springs, GA 30127

1.877.6.CODING • Fax: 770.445.0407

www.codingstrategies.com

CROWN 2009
REGISTRATION WORKSHEET

EARLY REGISTRATION ENDS: FRIDAY, OCTOBER 31, 2008



PHILADELPHIA, PA - DECEMBER 8 -11, 2008

SAN ANTONIO, TX - JANUARY 26 - 29, 2009

Check-in begins at: 7:00 a.m.

Conference: 8:00 a.m. - 4:00 p.m.

DATE: \_\_\_\_\_

INTERVENTIONAL RADIOLOGY/PROCEDURES SESSIONS

Table with 7 columns: QTY, PA, TX, SESSION, EARLY, REGULAR, TOTAL. Rows include sessions for Dec 8, 10, 11 and Jan 26, 28, 29.

DIAGNOSTIC RADIOLOGY SESSION

Table with 7 columns: QTY, PA, TX, SESSION, EARLY, REGULAR, TOTAL. Row includes session for Dec 9 and Jan 27.

RADIATION ONCOLOGY SESSIONS

Table with 7 columns: QTY, PA, TX, SESSION, EARLY, REGULAR, TOTAL. Rows include sessions for Dec 9, 10, 11 and Jan 27, 28, 29.

MEDICAL ONCOLOGY SESSIONS

Table with 7 columns: QTY, PA, TX, SESSION, EARLY, REGULAR, TOTAL. Rows include sessions for Dec 8 and 9.

CARDIOLOGY SESSIONS

Table with 7 columns: QTY, PA, TX, SESSION, EARLY, REGULAR, TOTAL. Rows include sessions for Dec 8, 9, 10.

MULTI-SESSION DISCOUNTS

Table with 2 columns: Sessions (3-5, 6-10, 11+), Discount (\$20, \$25, \$30 off each session).

SESSION SUBTOTAL:

LESS DISCOUNT:

TOTAL REGISTRATION PRICE:

(COMPLETE PAYMENT IS DUE AT TIME OF REGISTRATION)

Multi-Session Discounts: Multiple-attendees must register at same time and a consolidated payment for all attendees must be received by CSI no later than 15 business days prior to the event.

Cancellations: All cancellations must be received in writing at least 30 business days prior to the seminar in order to receive a full refund. Cancellations made after this time are subject to a \$225.00 charge. Registrants who do not cancel and do not attend are liable for the full registration fee.

Early Registration Discount: To qualify for Early Registration enrollment payment must be received on or before Friday, October 31, 2008.

SEMINAR PAYMENT METHOD

Form for seminar payment method including fields for Check#, Credit Card (VISA, AMEX, MC), Name on Card, Credit Card Number, (CID#), and Exp. Date.



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CROWN 2009 ATTENDEE REGISTRATION FORM

PHILADELPHIA, PA - DECEMBER 8 -11, 2008 SAN ANTONIO, TX - JANUARY 26 - 29, 2009

Check-in begins at: 7:00 a.m. Conference: 8:00 a.m. - 4:00 p.m.



DATE: \_\_\_\_\_

PLEASE ATTACH ATTENDEE INFO SHEET BEFORE SUBMITTING!

Main contact name, credential(s), title

Company/organization, phone number, ext.

PICK & CHOOSE YOUR SESSION(S)!

Attendee name, location, session(s) to be attended, address, city, state, zip, phone, fax, email

Is this your first time attending a Crown Seminar? How did you learn about Crown?

Empty registration form section

Attendee name, location, session(s) to be attended, address, city, state, zip, phone, fax, email

Is this your first time attending a Crown Seminar? How did you learn about Crown?

Empty registration form section

Attendee name, location, session(s) to be attended, address, city, state, zip, phone, fax, email

Is this your first time attending a Crown Seminar? How did you learn about Crown?

Empty registration form section

Complete BOTH Attendee Form & Registration Worksheet! Fax forms to 770-445-0407. If you have further questions, please contact CSI at 1-877-6-CODING.