



Coding Strategies, Inc.

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

1.877.6.CODING • Fax: 770.445.0407

www.codingstrategies.com



CROWN 2008 REGISTRATION WORKSHEET

NASHVILLE, TN - DECEMBER 10 - 13, 2007

ORLANDO, FL - JANUARY 14 - 17, 2008

ALEXANDRIA, VA - FEBRUARY 4 - 7, 2008

SAN ANTONIO, TX JUNE 16 - 19, 2008

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

Check-in begins at: 7:00 a.m. \* Conference begins at: 8:00 a.m., Ends at: 4:00 p.m.

INTERVENTIONAL PROCEDURES SESSIONS

Table with 8 columns: QTY, DATE/LOCATION (TN, FL, VA, TX), SESSION, EARLY, REGULAR, TOTAL. Rows include Introduction to Interventional Radiology/Procedures, Interventional Radiology/Procedures, and Auditing for Interventional Radiology/Procedures.

RADIOLOGY SESSION

Table with 8 columns: QTY, DATE/LOCATION (TN, FL, VA, TX), SESSION, EARLY, REGULAR, TOTAL. Row includes Diagnostic Radiology.

RADIATION ONCOLOGY SESSIONS

Table with 8 columns: QTY, DATE/LOCATION (TN, FL, VA, TX), SESSION, EARLY, REGULAR, TOTAL. Rows include Radiation Oncology and Auditing for Radiation Oncology.

MEDICAL ONCOLOGY SESSIONS

Table with 8 columns: QTY, DATE/LOCATION (TN, FL, VA, TX), SESSION, EARLY, REGULAR, TOTAL. Rows include Medical Oncology Physician/Freestanding and Medical Oncology Hospital (Facility).

CARDIOLOGY SESSIONS

Table with 8 columns: QTY, DATE/LOCATION (TN, FL, VA, TX), SESSION, EARLY, REGULAR, TOTAL. Rows include Invasive Cardiology and Heart Rhythm Procedures.

Table for Multi-Session Discounts: 3-5 Sessions (\$20 off), 6-10 Sessions (\$25 off), 11+ Sessions (\$30 off).

Summary table for registration price: SESSION SUBTOTAL, LESS DISCOUNT, TOTAL REGISTRATION PRICE (Due no later than 15 days prior to the event).

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 30 days are subject to a \$225.00 charge. Registrants who do not cancel and do not attend are liable for the full registration fee. Enrollment can be transferred to another person up to 15 business days prior to the session. If you have any questions please call CSI at 1-877-6-CODING. CSI will not issue refunds due to inclement weather. Please make your travel plans accordingly, no exceptions.

Early Registration Discount: To qualify for Early Registration enrollment payment must be received 60 days prior your first session.

SEMINAR PAYMENT METHOD table with fields for CHECK#, CREDIT CARD (VISA, AMEX, MC), NAME ON CARD, CREDIT CARD NUMBER, (CID#), and EXP. DATE.



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# CROWN 2008 ATTENDEE FORM

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PLEASE ATTACH ATTENDEE INFO SHEET BEFORE SUBMITTING!

<b>MAIN CONTACT NAME:</b>	<b>CREDENTIAL(S):</b>	<b>TITLE:</b>
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<b>COMPANY/ORGANIZATION:</b>	<b>PHONE NUMBER:</b>	<b>EXT.</b>
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PICK & CHOOSE YOUR SESSION(S)!

<b>ATTENDEE NAME:</b>	<b>LOCATION:</b> <input type="checkbox"/> TN <input type="checkbox"/> FL <input type="checkbox"/> VA <input type="checkbox"/> TX
<b>CREDENTIAL(S) &amp; TITLE:</b>	<b>SESSION(S) TO BE ATTENDED:</b>
<b>ADDRESS:</b>	INTERVENTIONAL RADIOLOGY/ PROCEDURES      RADIOLOGY      RADIATION ONCOLOGY      MEDICAL ONCOLOGY      CARDIOLOGY
<b>CITY:</b> <b>STATE:</b> <b>ZIP:</b>	<input type="checkbox"/> INTRO <input type="checkbox"/> DIAG RAD <input type="checkbox"/> RAD ONC <input type="checkbox"/> MED ONC-PHYSICIAN/FS <input type="checkbox"/> INVASIVE CARDIOLOGY
<b>PHONE:</b> <b>FAX:</b>	<input type="checkbox"/> INTERVENTIONAL PROCEDURES <input type="checkbox"/> AUDITING FOR RAD ONC <input type="checkbox"/> MED ONC-HOSPITAL <input type="checkbox"/> HEART RHYTHM PROCEDURES
<b>EMAIL:</b>	<input type="checkbox"/> AUDITING INTERVENTIONAL

IS THIS YOUR FIRST TIME ATTENDING A CROWN SEMINAR?     Yes     No                      HOW DID YOU LEARN ABOUT CROWN? MAILER, FAX, EMAIL, WEB?

<b>ATTENDEE NAME:</b>	<b>LOCATION:</b> <input type="checkbox"/> TN <input type="checkbox"/> FL <input type="checkbox"/> VA <input type="checkbox"/> TX
<b>CREDENTIAL(S) &amp; TITLE:</b>	<b>SESSION(S) TO BE ATTENDED:</b>
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<b>CREDENTIAL(S) &amp; TITLE:</b>	<b>SESSION(S) TO BE ATTENDED:</b>
<b>ADDRESS:</b>	INTERVENTIONAL RADIOLOGY/ PROCEDURES      RADIOLOGY      RADIATION ONCOLOGY      MEDICAL ONCOLOGY      CARDIOLOGY
<b>CITY:</b> <b>STATE:</b> <b>ZIP:</b>	<input type="checkbox"/> INTRO <input type="checkbox"/> DIAG RAD <input type="checkbox"/> RAD ONC <input type="checkbox"/> MED ONC-PHYSICIAN/FS <input type="checkbox"/> INVASIVE CARDIOLOGY
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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.