

---

# RHPI PROJECT 2009 CONFERENCE REGISTRATION FORM

**DEADLINE: FRIDAY, AUGUST 14, 2009**

INCOMPLETE & ILLEGIBLE REGISTRATION FORMS WILL NOT BE PROCESSED - ONE FORM PER REGISTRANT

Name \_\_\_\_\_ Title \_\_\_\_\_

Hospital / Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Registrants must make own hotel shuttle reservations. See *Hotel Reservations* and *Shuttle Service* for more details.

## CHECK THE APPROPRIATE REGISTRATION.

### FIRST OR ONLY REGISTRANT FROM MY HOSPITAL

\_\_\_\_\_ I am the **first or only registrant from my hospital**, and I am requesting financial assistance for hotel lodging on Thursday night, and the food service fee. I understand that there is **limited** financial assistance, which will be provided to **ONE (1) administrator per hospital on first come, first served basis while resources are available**. I understand that due to first come, first served, I may not qualify for assistance because of limited resources. In the event that financial assistance is not available to me, then I agree that I must be responsible for paying my own hotel lodging costs, and the **non-refundable** food service fee of \$92. It is my responsibility to make my own hotel reservations with the conference center, and I understand that the hotel will hold my credit card for incidentals, and will charge the lodging cost to my credit card if I do not qualify for financial assistance. I understand that the food service fee must be pre-paid to MSG in order to be registered for the conference. I understand that I will be notified by MSG Staff via email as to my request for financial assistance, and if my email is not included in the above registration form, then I waive my request for assistance.

### ADDITIONAL REGISTRANT FROM MY HOSPITAL

\_\_\_\_\_ I am an **additional registrant from my hospital**, and I understand that I must pay the **non-refundable** food service fee of \$92, and submit the payment to MSG with my conference registration form in order to be registered for the conference. I understand that it is my responsibility to make my own hotel reservations with the conference center, and that I am responsible for paying my own hotel lodging costs. I understand that the hotel will hold my credit card for incidentals, and will charge the lodging cost to my credit card. I understand that MSG Staff will email my registration confirmation to me, and if my email is not included in the above registration form, then it is my responsibility to confirm my registration status with MSG staff.

### CONFERENCE PAYMENT FOR FOOD SERVICE FEE

**Make checks payable to *Mountain States Group*, and mail to:**

Mountain States Group  
RHPI Project  
Attention Linda Powell  
1607 W. Jefferson Street  
Boise, Idaho 83702

**Fax registration to 208-331-0267**