ON-SITE REGISTRATION FORM

ATA West:
An Introduction to Telemedicine & Federal Partnership Opportunities

July 31st, 2006
MARINA DEL REY MARRIOTT HOTEL
4100 ADMIRALTY WAY, MARINA DEL REY, CALIFORNIA

Fill out the registration form completely

Rank/Prefix_____ First Name_____ Last Name_____ Degree/Suffix_____

Title/Position _____

Organization _____

Address _____

City _____ State_____ Zip_____ Country_____

Phone (include area code) _____ Fax_____

E-mail address _____

Primary Specialty_____

Registration Fees

Advanced Briefing for Industry, Academia & Research Institutions ❑ $90 $_____
Business Opportunities with DoD & Other Federal Agencies
(includes coffee breaks and lunch)

TOTAL DUE: $_____

All checks must be in US funds and made payable to: American Telemedicine Association ATA Federal ID #: 74-267-6503

Form of Payment: ❑ Check ❑ Signed Government Purchase Order ❑ Visa ❑ Mastercard ❑ American Express

Account Number/PO No. _____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____

Expiration Date _____ Authorized Signature _____