SAVER RATE DEADLINE: April 15, 2012

2012 PRSA Health Academy Conference Registration Form

Philadelphia, PA May 16-18, 2012

INSTRUCTIONS: Please complete all information on this registration form. If needed, the form may be photocopied for additional registrations. The form must be complete, with full payment (U.S. funds only), in order to be processed. **REGISTRATIONS RECEIVED WITHOUT PAYMENT WILL NOT BE PROCESSED.** Submit a separate form for each registrant. This form must be received by **April 15, 2012** to qualify for reduced rates. Registrations received thereafter will be processed at the regular rate. Mail/fax registrations must be received by **April 15, 2012.** Registrations after May 9, 2012 will be accepted on-site on a space-available basis.

Name_____
Last *First* *Initial*

Title_____ **Organization**_____

Address_____

City_____ **State/Province**_____

Zip/Postal Code_____ **Country**_____

Phone_____ **Fax**_____

E-Mail_____
Please note: An e-mail address must be provided to receive registration confirmation.

Preferred name for badge_____

Emergency Contact: Name_____ **Phone**_____ **Cell**_____

Industry (circle one): **Hospital/Provider** **Insurer/Payor** **Pharmaceutical** **Other**_____

❑ Please update my address in member records. ❑ I have special needs, contact me.

Registration Options:

	Saver (Received by April 15)	Standard (Received after April15)
PACKAGE (includes all Conference sessions and meal functions with the exception of the Pre-Conference session on Wednesday, May 16, 2012)		
❑ PRSA Health Academy Member	$595	$695
❑ PRSA Member*	$675	$775
❑ Nonmember	$750	$850
DAY REGISTRATION (includes all sessions and meal functions offered on the day noted)		
❑ Thursday (Member or Nonmember)	$400	$435
❑ Friday (Member or Nonmember)	$375	$410

PRE-CONFERENCE SEMINAR (not included with registration fees above)
❑ **With** conference registration (Member or Nonmember) $75
❑ **Without** conference registration (Member or Nonmember) $125

Membership
Those registering under the PRSA Member Package rate will automatically be enrolled in Health Academy at no additional cost.
❑ Check here if you do **not** want to join Health Academy

**Global Alliance and BPRS/FL members qualify for the PRSA member rate.*

Payment must be made in advance. For credit card registration, fax your completed form to (212) 460-5460.

Select card: ❑ Visa ❑ American Express ❑ MasterCard

Card Number_____ Expiration Date_____

Signature_____

❑ **Check**: Please make check payable to PRSA Health Academy and mail with this form to:
PRSA, Attn: Health Academy, 411 Lafayette Street, Suite 201, New York, NY 10003.

Cancellations/Refund Policy: Refund of the PRSA Health Academy Conference Registration fee, less an administrative fee of $65, will be made if written notice of cancellation is postmarked no later than **April 15, 2012**. Registrants whose cancellation requests are postmarked after **April15, 2012** will NOT be entitled to a refund. Cancellation of registration for this event must be made in writing and mailed to PRSA Health Academy Conference Registration, 411 Lafayette Street, Suite 201, New York, NY 10003, or faxed to (212) 460-5460. If you cannot attend, you may notify PRSA by May 9, 2012 if another person will be attending the conference in your place. For substitution, non-Health Academy or non-PRSA members must pay the appropriate difference in the registration fee. Please call 1 (800) 350-0111 to make this notification.

Hotel Accommodations: For accommodations at The Hilton Inn at Penn. The special room rate is $209 per night. 215-222-0200 Rooms are guaranteed on a first-come, first-served basis through April15, 2012. You are responsible for arranging your own hotel accommodations.

Questions? Please call (800) 350-0111 with any questions regarding registration.
For questions about the program, please contact (212) 460-1456.