## SAVER RATE DEADLINE: March 22, 2019

## PRSA 2020 Health Academy Conference Registration Form

## New Orleans, LA | April 22-24, 2020

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 March 22, 2019 to qualify for reduced rates. Registrations received thereafter will be processed at the regular rate. Mail/fax registrations must be received by April 15, 2020 Registrations after April 15, 2020, will be accepted on site on a space-available basis.

Name			
Last	First		Middle Initia
itle			
.ddress			
City	State/	Province	
/ip/Postal Code	Country		
Phone	Fax		
Email			
Please note: An email address must be provided to receive regist			
Preferred name for badge			
mergency Contact: Name	Phone	Cell	
ndustry (circle one): Hospital/Provider Insurer/Payor	Pharmaceutical Ot	her	
Please update my address in member records.	have special needs, cont	act me.	
Registration Options:			
	Saver		Standard
FULL PACKAGE (Includes all conference sessions and meal functions, with the	(Received by	march 22) (Re	ecelved after March 22)
exception of the Pre-Conference seminar on Wednesday, April 24)			
PRSA Health Academy Member	\$895		\$995
PRSA Member* Nonmarker	\$955	-	\$1055 \$1055
	\$1155	)	\$1255
DAY REGISTRATION (Includes all sessions and meal functions offered on the day noted)			
Thursday (Member or Nonmember)	\$555		\$655
□ Friday (Member or Nonmember)	\$495		\$595
Pre-Conference Registration - April 22 - TBD	¢OE /	with reg.)	\$85 (with rog)
		(without reg.)	\$85 (with reg.) \$130 (without reg.)
Membership Those registering under the PRSA Member Package rate will autom Check here if you do not want to join the Health Academy Sectior	•	alth Academy Section	n at no additional cost.
*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 (21	2) 460-5460.	
Select card: Uisa Green American Express	MasterCard		
Card Number	Expiration Date		
Signature			
Check: Please make check payable to "PRSA Health Academy" a PRSA, Attn: Health Academy, 411 Lafayette Street, Suite 201, New			
<b>Cancellations/Refund Policy:</b> Refund of the PRSA Health Academy Conference cancellation is postmarked no later than <b>April 15, 2020</b> Registrants whose registration date, will NOT be entitled to a refund. Cancellation of registratio Conference Registration, 411 Lafayette Street, Suite 201, New York, NY 1000 <b>2020</b> , if another person will be attending the conference in your place. For su difference in the registration fee. Please call (800) 350-0111 to make this no	cancellation requests are postm on for this event must be made in 03, or faxed to (212) 460-5460. I ubstitution, non-Health Academy	arked after <b>April 15, 20</b> n writing and mailed to: I If you cannot attend, you	<b>020,</b> regardless of your PRSA Health Academy may notify PRSA by <b>April 15,</b>
Hotel Accommodations: For accommodations at the <u>Royal Sonesta Hotel</u> , call <u>Health Academy</u> . Please reference Group Code <b>0421PRSAHA</b> , or Group Name			

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



March 31, 2020.