

## AUDIO CONFERENCE REGISTRATION FORM

### *Disclosure & Apology: Implementation and Training at the University of Illinois Medical Center*

**April 9, 2009**

There is no limit to the number of people from your facility that you can invite to attend. One registration entitles each facility to connect to the conference on only **ONE** phone line. **Registration fees are NON-refundable.**

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

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Billing Contact (if necessary): \_\_\_\_\_

### Please Indicate:

- Live participation and handout materials - **\$249** \$ \_\_\_\_\_
- Audio CD and handout materials - **\$249** \$ \_\_\_\_\_
- Live participation and audio CD combo - **\$349** \$ \_\_\_\_\_
- Sorry Works! Book - **\$19.99** (regular price \$24.99 per copy) \$ \_\_\_\_\_

Sales Tax: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

### Payment Method:

Check enclosed made payable to Sorry Works! Consulting, LLC (TAX ID # 35-2291217)

Purchase Order No. \_\_\_\_\_

Invoice Me

Bill my credit card (circle one):

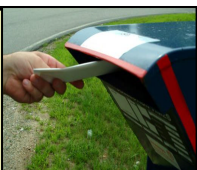




Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**REGISTRATION DEADLINE: APRIL 7, 2009**

<p><b>Mail:</b> The Sorry Works! Coalition P.O. Box 531 Glen Carbon, IL 62034</p>		<p><b>Fax:</b> (618) 692-1352</p>		<p><b>Phone:</b> (618) 559-8168</p>	
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