

2016 Winter State-of-the-State 7:30 to 10 am

Phoenix Friday, January 29 Pointe Hilton Squaw Peak Resort 7877 N. 16th Street Phoenix, AZ 85020

PAYMENT INFORMATION:

REGISTRATION INFORMATION:

Complete this form and return to The Hertel Report.

Select the SOS Below Phoenix Tucson Return your registration by January 15, 2016

Fax: (866) 639-8754 *Email:* admin@thehertelreport.com *Postal Mail:* The Hertel Report 29455 N. Cave Creek Road Suite 118 - Box 453 Cave Creek, AZ 85331



Tucson

Tuesday, January 26

The Arizona Inn

2200 E. Elm Street

Tucson, AZ 85719

COMPLETE REGISTRATION LIST

Name, Title, Organization, Email & Phone **PAGE 2** Founding Sponsors & Corporate Members

Submit Your Complementary Registration

PAGE 2

Indicate credit card charge or amount of check enclosed.

Members of The Hertel Report: \$75 Members of Arizona HFMA: \$75 Advisors to The Hertel Report: \$60 Non-Member: \$100 Late Registration (After Jan. 15): \$125

TOTAL to be charged or check enclosed: PAYMENT METHOD:

VISA MasterCard AMEX Check#

Name:

Credit Card #:

Expiration:

THANK YOU FOUNDING SPONSORS















Humana











HEALTH CHOICE

Tucson

Tuesday, January 26 The Arizona Inn 2200 E. Elm Street Tucson, AZ 85719



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Phoenix

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Founding Sponsor

Corporate Members

(13 to 30 members)

Corporate Members Small & Medium

(1 to 12 members)

Medium, Large & Jumbo

2 Complementary Admissions

1 Complementary Admission

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2 Complementary

Admissions

ATTENTION!

List all registrants for the 2016 Winter State of the State below.

Return page 1 and this form to complete your registration.

ATTENTION Founding Sponsors & Corporate Members

Thank you for registering for the 2016 Winter State of the State. Please use this form to register individuals from your organization attending the Phoenix and/or Tucson conference(s). Use the membership benefit key to the right to determine how many from your organization will receive a complementary admission to the conference(s). Register additional members of your organization by also including them below.

Return page 1 and this form to complete your registration for additional attendees.

Name of Business or Organization

Attendee Name:	Title:
Email:	Phone:
Attendee Name:	Title:
Email:	Phone:
Attendee Name:	Title:
Email:	Phone:
Attendee Name:	Title:
Email:	Phone:
Attendee Name:	Title:
Email:	Phone:
Attendee Name:	Title:
Email:	Phone: