



REGISTRATION FORM

SATURDAY, FEBRUARY 11, 2012 • CITYPLACE CONFERENCE CENTER • DALLAS, TX

Please complete the enclosed form to register. If your form is missing, or you need additional forms, please contact us, using the information listed at the bottom of this page. Space is limited and early registration is advised. Availability of on-site registration is not guaranteed. Tuition includes continental breakfast, lunch, and refreshment breaks. Registrations will be acknowledged by email only – **please provide a valid email address so that you may receive a confirmation.** A \$25 service charge will be added to returned checks and/or credit/debit card denials.

Preregistration Due Date: To qualify for the preregistration rate, your registration information and payment must be received by Feb. 6, 2012.

Cancellation Policy: Cancellations accepted until 5:00 PM CST, Feb. 6, 2012, subject to a \$10 administration fee. No refunds will be given after that date. Substitutions will be accepted. No-shows are not eligible for a refund. All preregistered, unpaid no-shows will be billed for the full program tuition.

* Indicates required field. Incomplete and/or illegible registration forms will earn you a time out, buster!


First Name*		MI		Last Name*	
Address*				Apt./Suite	
City*				State	ZIP
Home Tel*	()	Work Tel	()		
Email*					
Workplace*					
Specialty					
Credentials*					
Special Req.	<input type="checkbox"/> Vegetarian Meals <input type="checkbox"/> Disability Accommodations				
Referred by	<input type="checkbox"/> Brochure in Mail <input type="checkbox"/> Email <input type="checkbox"/> Poster <input type="checkbox"/> Friend/Colleague <input type="checkbox"/> Other:				

TUITION PAYMENT

Category*	<input type="checkbox"/> Healthcare - \$85	<input type="checkbox"/> Baylor Healthcare - \$75	<input type="checkbox"/> Group Discount - \$75 CODE:*	<input type="checkbox"/> Student - \$35	<input type="checkbox"/> Late - \$95 (after 02/06/12)
Pay Method	<input type="checkbox"/> Check (payable to "Camena Group") <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Money Order				
Name on Card		Signature			
Card #				Exp. Date	

REGISTER NOW!!

 **ONLINE:** www.camenaegroup.com

 **FAX:** 817.337.3991

 **MAIL:** EP 2012 • C/O: Camena Group
2665 Johnson Rd. • Southlake, TX 76092



INFORMATION/CONTACT

 **EMAIL:** info@camenaegroup.com



TEL: 817.788.0017/888.764.0400