



Colloquium Registration

13th ANNUAL ICSI/IHI COLLOQUIUM ON HEALTH CARE TRANSFORMATION

May 3–5, 2010

Register for the 2010 ICSI/IHI Colloquium on Clinical Quality Improvement online at www.icsi.org (click registration), via phone or complete the following form and return it by mail or fax to the ICSI Meeting Management Office.

Please print or type

First Name _____ Last Name _____

Profession (MD, RN, NP, etc.) _____ Title _____

Affiliation _____

Address _____ City _____ State _____ ZIP Code _____

Country _____

Daytime telephone _____ E-mail address _____

(For international numbers, please include country and city codes)

Special Requests (ADA, dietary, etc.) _____

	<u>On or before March 5</u>	<u>After March 5</u>
Sponsor* Colloquium	\$495	\$575
Sponsor* Pre-Colloquium Workshop <i>(select workshop at right)</i>	\$160	\$240
Sponsor* Colloquium and Pre-Colloq. Workshop <i>(select workshop at right)</i>	\$650	\$730
General Colloquium	\$795	\$875
General Pre-Conference Workshop <i>(select workshop at right)</i>	\$260	\$340
General Colloquium and Pre-Colloq. Workshop <i>(select workshop at right)</i>	\$1,050	\$1,130

MAY 3 PRE-CONFERENCE WORKSHOPS *(Select ONE – workshops run concurrently)*

- Session 1 - Implementing Shared Decision Making in Clinical Practice
- Session 2 - So You Want to Be a Nurse or Physician Executive? How to Do It; What to Expect
- Session 3 - What Hospitals and Doctors Should Know About Patient Social Networks

** Sponsor rate applies to staff of ICSI sponsors and participating member organizations.*

Check Enclosed *(Remit to ICSI, payable in U.S. dollars drawn on a U.S. bank)*

VISA MasterCard American Express

Name *(as it appears on the card)* _____ Card # _____

Expiration Date _____ Security Digits* _____ Cardholder Signature _____

** For your protection, we ask for these digits to prevent unauthorized use of your credit card number. A security digit is three numbers for VISA or MasterCard and four numbers for American Express and may be found on the front or back of the card.*

Billing Address

Address _____ City _____ State _____ ZIP Code _____

Country _____

Return Colloquium registration form to: ICSI Meeting Management Office
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