

Registration Form

First Name _____ MI _____ Last Name _____

CPHIMS
 FHIMSS
 III
 JD
 JR
 MD
 DO
 PhD
 RN
 RPh
 Other

HIMSS Member Number _____

Nickname for Badge _____ Title _____

Organization _____

Address _____

City _____ State _____ Zip Code _____

Country _____

Telephone _____ Fax _____

International Tel/Fax _____

Email _____

Above address is permanent change from mailing label

Emergency Contact: _____ Phone Number: _____

Special assistance required *(please specify)*: _____

CONFERENCE FEES		STEP 1	
	If full payment received on or before 5/18/07	If full payment received from 5/19/07 to 6/4/07	Late reg & onsite rates in effect after 6/4/07
HIMSS Member/Co-Sponsor Rate	<input type="checkbox"/> \$595	<input type="checkbox"/> \$695	<input type="checkbox"/> \$795
Nonmember Rate	<input type="checkbox"/> \$695	<input type="checkbox"/> \$795	<input type="checkbox"/> \$895
Full Time Student Rate <i>(must show evidence of full time student status.)</i>	<input type="checkbox"/> \$195	<input type="checkbox"/> \$195	<input type="checkbox"/> \$195

MEMBERSHIP (Optional)		STEP 2	
Join/Renew your HIMSS membership and pay the HIMSS member conference rate.	Join/Renew - Individual Member <input type="checkbox"/> \$140	Join/Renew - Student <input type="checkbox"/> \$30	

OPTIONAL EVENTS	STEP 3
CPHIMS Train the Trainer, Saturday, June 23 <i>(Price includes CPHIMS Review Course on Sunday)</i>	<input type="checkbox"/> \$395
CPHIMS Review Course, Sunday, June 24	<input type="checkbox"/> \$195
CPHIMS Exam, Wednesday, June 27 <i>Pre-registration by June 13, 2007 required.</i>	<input type="checkbox"/> \$275

CONFERENCE REGISTRATION TOTAL	STEP 4
CONFERENCE FEE	_____
MEMBERSHIP	_____
OPTIONAL EVENTS	_____
TOTAL	\$ _____

METHOD OF PAYMENT

STEP 5

TOTAL \$ _____

- Enclosed is a check or money order made payable to: HIMSS
- Please charge my credit card:
 - Visa MasterCard American Express Discover

Printed Name on Card _____

Card # _____

Expiration _____

Signature _____

Full payment and signature must accompany this completed form for registration to be processed. Note: To facilitate check payments, the HIMSS Federal Tax Identification Number is 36-3906745.

REGISTRATION DISCOUNT ENDS JUNE 4, 2007

All registrations and payments received after June 4, 2007, must pay the late registration fee. Please note, you will receive a confirmation within 5—10 business days from the date received. If your registration is received by June 4, 2007.

BADGES WILL NOT BE MAILED PRIOR TO CONFERENCE.

You will need to go to registration on-site to pick up your badge and other registration materials.

Registration confirmation:

Expect your conference registration confirmation within 5—10 business days after HIMSS receives your form.

Cancellation/Refund Policy:

Full conference registration fees, less a \$100 cancellation fee, are refundable only if written notice is received by HIMSS on or before June 4, 2007. Registrations and cancellations received after June 5, 2007, are not refundable. You may not reinstate a registration after you cancel it. HIMSS membership fees are not refundable and non-transferable. If you cancel and are entitled to a refund, expect the refund within 60 days post conference. Fees for additional events are non-refundable.

Faxed registrations must be charged to Visa, MasterCard, American Express or Discover. No purchase orders are accepted.

Registrants unable to attend may send a substitute. If the substitute is not a member, the nonmember fee will be required. Substitutions must be made in writing to HIMSS. HIMSS reserves the right to cancel or reschedule programs at any time, or to close registrations when programs are sold out. For these reasons, registrants are advised against purchasing nonrefundable airline tickets.

HOTEL/TRAVEL INFORMATION

Hotel Reservations:

To make hotel reservations, please call the San Diego Marriott Hotel & Marina at 800/228.9290 and mention **HIMSS** to get the special \$239 rate plus tax. The cut-off date for hotel reservations in the HIMSS block is Friday, May 25, 2007.

Airline Reservations:

American Airlines is the official carrier for the HIMSS Summit. Please mention Discount Code **0867AK** in order to receive a discount. Airline reservations may be booked by calling American directly at 800/433.1790.

Other Terms:

HIMSS will not be responsible for non-refundable airline tickets.

By registering, you agree to all the terms and conditions set forth above.

You must be 18 years of age or older to attend any HIMSS event.

Should the HIMSS Summit be cancelled, your registration fee will not be refunded but will automatically be applied to the next HIMSS Summit.

ELIGIBILITY FOR CPHIMS EXAM

To be eligible for the CPHIMS exam, candidates must fulfill one of the following requirements for education and work experience. Please check the box that most applies to your qualifications.

- Baccalaureate degree plus five (5) years of associated information and management systems experience* three (3) of those years in healthcare
- Graduate degree plus three (3) years of associated information and management systems experience* two (2) of those years in healthcare

**Associated information and management systems experience includes experience in the following functional areas: administrative/management, clinical information systems, e-health, information systems, or management engineering.*

ADDITIONAL REGISTRATION QUESTIONS

Professional Title (check one):

Information and Management Systems

- CIO, CTO, VP of IT/IS/MIS/Network Mgr Network, Internet, Intranet, Telecom, Call Center
- Director Data Processing/MIS Director of other IT Dept.
- Mgr Data Processing/MIS Mgr of other IT Dept.
- CSO, Director Info Security/Site Security Non-Management
- Mgr Info Security/Site Security Systems Analyst
- Director Network, Internet, Intranet, Telecom, Call Center Programmers/Developers

General & Financial Management

- CEO, Chairman, Pres, Exec Dir, Adm, Group Practice Mgr VP/Director of Other Admin/Financial Depts
- COO, Exec VP, Sr VP, VP, Gen Mgr Mgr of Other Admin/Financial Depts
- CFO, VP/Finance, Finance Director, Controller Non-Management

Clinical Management

- CMO, CMIO, Medical Director, Chief of Staff Nurse
- CNO, VP/Director Registered Pharmacist
- Mgr of Nursing Chief/Director of Other Clinical Depts/Lab Services/Pharmacy
- Physician Mgr of Other Clinical Depts/Lab Services/Pharmacy

Others Allied to the Field

- IT, Business Consultant Marketing and Sales
- Professor/Educator Government Employee/Public Servant
- Student Non-Management
- Programmers/Developers

Worksite (check one):

- Academic Institution Hospital, Multi-Hospital System, Integrated Delive
- Ancillary Clinical Service Provider Financial, Legal, Investment Firm
- Ambulatory Care Facility Long Term Care Facility
- Federal, State, or Local Gov't Payer, Insurance Company, Managed Care
- Healthcare Consulting Firm Vendor
- Home Healthcare Org

Principal Work Force (check all that apply):

- Bio Medical Leadership Management
- Case Management Medical Staff Service
- Clinical Systems Reengineering/Performance Improvement
- E-Commerce/E-Health Security/Confidentiality/Privacy
- Financial Management Telecommunications
- Internet/Intranet Telehealth
- IT Infrastructure Legal Aspects of Healthcare

Length of Time in the Field (years):

- <1 1-5 6-10 11-15 >15

Purchasing Authority:

- Decision influencer Decision maker Not applicable

Annual Budget of Your Department/Area:

- <\$1M \$1.1M – \$10M \$10M – \$50M >\$50M

Total Annual Budget of Your Organization

- <\$100M \$101M – \$500M \$500M – \$1B >\$1B

3 Ways to Register Complete this form and send via:

MAIL: Please allow 5-10 working days for delivery.

HIMSS
Summit Registration
Dept. 77-6923
Lockbox 6923
Chicago, IL 60678-6923

FAX: For credit card registration only. Please allow 5-10 working days for confirmation.

312-664-6143
Attn: HIMSS Summit
Credit card orders only.

To avoid being charged twice, please DO NOT mail form after faxing.

ONLINE: www.himsssummit.org

Questions about your registration?
Call: 312-915-9214
Fax: 312-664-6143

Questions about the conference program or HIMSS?
Call: 312-664-HIMSS (4467)
E-mail: meetings@himss.org