



# REGISTRATION FORM

# MedSelect User Group Conference 2007

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April 26-28, 2007

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

Facility / Organization: \_\_\_\_\_

Yes, I want to attend the April 25 Advanced Examiner Hands-On Training for an additional \$50/attendee.

*Due to popular demand, TWO Advanced Examiner Hands-On Training sessions are being offered on April 25!  
Before you make your travel plans, please contact Jodie Vogt at [jvogt@abc-sg.com](mailto:jvogt@abc-sg.com) to be registered for one of the two sessions.*

Yes, I will present a Pearl for the Poster Session.

Yes, I will submit a product enhancement idea. Download the MedSelect Enhancement Ideas Form.

Yes, I am interested in being nominated as a Board Member.

*Please write a short paragraph about yourself and your facility along with your level of involvement with MedSelect.*

Yes, I am interested in attending the Theatre show at the Lincolnshire at \$35/attendee.

*Number of people attending the Theatre show: \_\_\_\_\_*

Please indicate if you have any dietary restrictions.

Vegetarian     Other (please indicate): \_\_\_\_\_

## Payment Options:

Registration Fee: \$150/attendee  
Special! Pay for *two* registrations and get *one* free!

Advanced Examiner Hands-On Training: \$50/attendee

Theatre Show: \$35/attendee

*Number of Conference Attendees: \_\_\_\_\_*

*Number of Advanced Examiner  
Hands-On Training Attendees: \_\_\_\_\_*

*Number of Theatre Show Attendees: \_\_\_\_\_*

Total Amount Enclosed: \$ \_\_\_\_\_

Paying by check?  
Make your check payable to **AutoMed Technologies, Inc.**

*Please charge my credit card:*

VISA     MASTERCARD

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

*Facility/Organization Name: \_\_\_\_\_*

*Billing Address: \_\_\_\_\_*

\_\_\_\_\_  
*ZIP: \_\_\_\_\_*

*Card Number: \_\_\_\_\_*

*Exp. Date: \_\_\_\_\_*

*Please include your email address so that your receipt may be  
sent to you: \_\_\_\_\_*

*If paying by check, enclose your Registration Form and mail to: AmerisourceBergen, ATTN: Jodie Vogt, 875 Woodlands Parkway, Vernon Hills, IL 60061. Registration is also accepted by email at [jvogt@abc-sg.com](mailto:jvogt@abc-sg.com) or (fax) 847-808-3322.*