

TO OBTAIN GROUP DISCOUNT PLEASE USE THIS FORM

# Assessment of the Pulmonary Patient Golden Valley Memorial Hospital 1600 N. 2<sup>nd</sup> St., Clinton, Mo. 64735 June 23, 2010

## Registration Form for Multiple Attendees from the same Location:

### Assessment of the Pulmonary Patient, Golden Valley Memorial Hospital, June 23, 2010

Please print information as it should appear on your statement of credit. All fees must be received prior to the course date in the form of a check, MasterCard, or Visa. Make checks payable to Pulmonary Critical Care Solutions, LLC.

Payment Method (all payments must be made in U.S. funds)  Check  VISA  MasterCard

Payment amount: \$ \_\_\_\_\_

Credit and Debit card payments may be made at [www.pccsolutions.com](http://www.pccsolutions.com) under the "Live CEU" tab.



Place of employment and department: \_\_\_\_\_

Attendee #1 (\$50.00):

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Title/position: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

Attendee #2 (\$50.00):

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Title/position: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

Attendee #3 (\$50.00):

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Title/position: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

Attendee #4 (\$37.50):

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Title/position: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

Attendee #5 (\$37.50):

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Title/position: \_\_\_\_\_

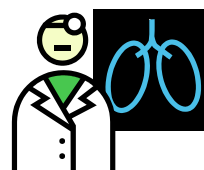
Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

Fee scale for multiple attendees (for greater than 5 attendees please duplicate this form):

1 attendee	\$50.00
2 attendees	\$100.00
3 attendees	\$150.00
4 attendees	\$187.50
5 attendees	\$225.00
6 attendees	\$262.50
7 attendees	\$300.00
8 attendees	\$337.50
9 attendees	\$375.00
10 attendees	\$412.50

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