

***Institute for Healthcare Business Education  
Registration Form***

***Rx for Business  
October 16, 2010***

**Name:**

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**Address:**

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**Phone number:**

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**Email:**

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**Specialty:**

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**Residency Program:**

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**Do you have any special  
dietary restrictions?**

**Please specify:**

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**Seminar will be held at:**

**Doubletree Guest Suites  
320 N. 44<sup>th</sup> Street, Phoenix, AZ 85008**

**Deadline for registration is Wednesday, October 13, 2010.  
Course begins at 9:00 a.m.; check-in starts at 8:30 a.m.**

**Please mail your registration form and check for \$175 to:**

**Institute for Healthcare Business Education  
2633 E. Indian School Road, Suite 430  
Phoenix, AZ 85016**

**For further information please call 602-955-5952 or email  
info@medicountants.com.**

***Please note: Information on this registration form will not be used for any purpose other than to register you for this course.***