

REGISTRATION FORM (Please print in BLOCK CAPITALS when completing this form.)

Prof Dr Mr Mrs Ms Other _____

First Name _____ Family/Last Name _____

Name as it should appear on name badge _____

Organisation/Company _____

Job Title _____

Full address for correspondence _____

City/State/Province _____ Postal Code _____

Country _____

Telephone (please include international code) _____ Fax _____

Email _____

Tick if billing address is same as correspondence address Tick if a visa invitation letter is required

Billing Address _____

City/State/Province _____ Postal Code _____

Country _____

CONFERENCE FEES

STEP 1

	DAY 1	DAYS 2-3	DAYS 1-3 Full Conference
All Delegates	75 BHD (\$200 USD)	150 BHD (\$400 USD)	225 BHD (\$600 USD)

Cancellation & Refund Policy

Cancellation before 31 March 2009: 40 BHD administrative fee. Cancellation after 31 March 2009: 100% of the registration fee will be forfeited.

METHOD OF PAYMENT No purchase orders or cheques accepted.

STEP 2

Total Amount Due (from Step 1): BHD _____

Online registrations must be charged to:
 Visa American Express MasterCard
 Please print name as it appears on card.

Name on Card _____

Card No. _____

Expiration _____ - _____ Security Code* _____

Signature _____

*Your security code is a three or four digit number. For Visa the code is the last three digits printed on the signature strip on the back of the card. For American Express, the code is the four digits printed on the front of the card. Full payment and signature must accompany this completed form for registration to be processed.

DEMOGRAPHIC QUESTIONS

STEP 3

1. What is your work setting?

- Provider
 Government
 Vendor
 Consultant
 Other _____

2. What is your professional area?

- Information Systems
 General Management
 Clinical/Clinical IT
 Other _____

3. How did you hear about this event?

- Printed Conference Brochure
 HIMSS Website
 HIMSS Email
 Press article (please specify) _____
- Media advertisement (please specify) _____
- A colleague
 At a conference/trade show (please specify) _____
- E-newsletter
 Other _____

CONFERENCE SPACE IS LIMITED.

Register early as registration will be closed upon reaching the maximum number of delegates the facility can accommodate!

TWO WAYS TO REGISTER

1. Online: for payment by credit card

www.himssME.org/09

- Click on "Registration."
- Our online registration site is a secured site. Major credit cards such as American Express, VISA and MasterCard are accepted.

2. Email: for payment by credit card or wire transfers

Download a printer-friendly registration form at www.himssME.org/09, complete, scan and email to customerservice@himssme.org

Wire Transfer Information:

- Bank account name: HIMSS
- Account Number: 32286301
- Sort Code: 609242
- IBAN# GB22CHAS60924232286301
- JPMorgan Chase Bank London (CHASGB2L)
- Reference: HIMSS MiddleEast09 and your first and last name