

THE ANNUAL COMPLIANCE PROFESSIONALS COLLOQUIUM & THE REPORTING AND INVESTIATIONS COURSE : ADVANCED

PHILADELPHIA, PA AREA • JUNE 14-16, 2010

PROGRAM LOCATION

The program will be held at the NHS Training Center, 350 Sentry Parkway, Building 640, 2nd Floor, Blue Bell, PA 19422.

HOTEL INFORMATION

Hotel accommodations are not included in tuition. Reservations can be made at the Doubletree Suites: Philadelphia West at a discounted group rate of \$129/night. When reserving a room at the Doubletree call 1-610-834-8300 and refer to Health Ethics Trust or NHS to receive the group rate. There is a complimentary shuttle to and from the hotel to the NHS Training Center. The hotel is located at 640 W. Germantown Pike, Plymouth Meeting, PA 19462.

TRAVEL

Travel Options: Philadelphia International Airport (PHL), Lehigh Valley International Airport (ABE) or Amtrak also services the area.

TUITION:

- Colloquium (6/14- 6/15): **\$195** HET Members/ **\$595** Non-Members
- Investigations: (6/16): **\$595** HET Members/ **\$895** Non-Members
- Entire Series (6/14-6/16): **\$695** HET Members/ **\$995** Non-Members

HET MEMBERSHIP:

- Individual Membership w/ Tuition Payment: **\$200**

Total \$ __, __ __. 00

FOUR WAYS TO REGISTER

1. **ONLINE** at www.HealthEthicsTrust.com in our new store - safe, secure and encrypted.
2. **E-MAIL** your completed registration form to: swright@corporateethics.com.
3. **FAX** your completed registration form to HET at: 703-299-8836.
4. **MAIL** your completed registration form to: Health Ethics Trust, 214 South Payne St., Alexandria, VA 22314

CANCELLATION POLICY

Registration for Health Ethics Trust courses is an agreement to pay the applicable course tuition. Tuition for cancellations two weeks before program is refunded less an administrative fee of **\$100**. Tuition for cancellation after the cancellation deadline is not refunded, but a credit towards a future Trust program (tuition less the administrative fee; must be used within 12 months) will be

for the course even if they have not yet paid their tuition at the time of cancellation. Cancellation Policy is strictly enforced.

REGISTRANT INFORMATION

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: __ Zip: _____

Tel: (____) - ____ - ____ Fax: (____) - ____ - ____

E-mail: _____

Signature: _____

PAYMENT OPTIONS

Please enclose payment with your registration and return it to the Council of Ethical Organizations, or fax your credit card payment to (703) 299-8836.

- Check / Money Order to Follow
- Check / Money Order Enclosed
- Credit Card Payment (AmEx Visa MC Diners)

Credit Card #: _____

Exp. Date: _____ CSC: _____

Cardholder Signature: _____

REGISTRATION FORM