

# CONNECTED HEALTH SUMMIT

## Engaging Consumers

Aug 28 - 30, 2018 Manchester Grand Hyatt San Diego



### CONFERENCE REGISTRATION FORM

DATE

I would like to purchase the following full conference pass for **Connected Health Summit** and pay with a credit card.

<input type="checkbox"/> <b>\$1,800 Conference Rate per person (excludes workshop on August 28)</b>
<input type="checkbox"/> <b>\$1,400 Early Conference Rate per person before June 15 (excludes workshop on August 28)</b>
<input type="checkbox"/> <b>\$700 Pre-Conference Research Workshop</b>

### CONTACT INFORMATION

Name	Title	Company
Street Address	City/State/Zip	
E-mail Address	Phone Number	Fax Number

### PAYMENT INFORMATION

Credit Card: MasterCard - Visa - American Express - Discover - Other _____ (Circle one)		
Name on Card	Card Number	
Billing Address (CSC)	Card Expiration Date	Security Code
Signature	Date	

FAX TO PARKS ASSOCIATES AT 972.490.1133 OR CALL 972.490.1113

Hosted By International Research Firm Parks Associates