

Health Care Reform Implementation in Minnesota: Mission Advanced But Not Accomplished



Symposium Registration Form

Friday, October 24, 2014, 8:45 a.m. to 3:55 p.m., Hamline University, Anderson Center

CONTACT INFORMATION

Name _____ Profession _____
Organization _____ Address _____
City _____ State _____ Zip _____
Email _____ Phone _____

SYMPOSIUM RATES

Registrations are due by **Friday, October 3, 2014**. An email confirmation will be sent to the address listed above.
If you are registering several people, please fill out the second sheet.

- # of Attendees: _____ \$150: Physicians, Attorneys (tax-deductible/gift: \$125)
- # of Attendees: _____ \$75: General Public (tax-deductible/gift: \$50)
- # of Attendees: _____ \$50: Health Professionals, Government, Academics, Legal Aid (tax-deductible/gift: \$25)
- # of Attendees: _____ \$35: Social Workers, Hamline Alumni (2011 and earlier) (tax-deductible/gift: \$10)
- # of Attendees: _____ \$25: Scholarship assistance rate for those who are unemployed or underemployed
- # of Attendees: _____ \$10: Students
- # of Attendees: _____ Free: *Hamline* Students, Alumni (2012 and later), Faculty, Staff, & HLI Advisory Board
- \$ _____ I'd like to help fund [1 2 3] need-based scholarships to attend the Symposium (\$25 each).

Total Cost: _____

After Friday, October 3, 2014 attendees will be required to pay a \$25 late registration fee per person.

_____ **I have included the late registration fee.**

PAYMENT OPTIONS

- Check enclosed for \$ _____ Please make checks payable to "Hamline University School of Law".
- Credit card Please complete the information below.

Card Holder Name _____
Card Type Visa Master Card Discover American Express
Card Number _____ Expiration Date _____
Signature _____ Date _____

Please return this information to Kari McMartin at:
Email: kmcmartin02@hamline.edu
Phone: 651-523-2130
Fax: 651-523-2236

Hamline University
Health Law Institute
1536 Hewitt Avenue, MS-D2017
Saint Paul, MN 55104-1237



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Multiple Attendee Registration Form

ATTENDEE 1 INFORMATION *My contact information is listed on the first page.*

Name _____ Profession _____

Address _____

City _____ State _____ Zip _____

Email _____ Organization _____

Phone _____ Dietary Needs _____

How did you hear about this event?

Email Website Twitter LinkedIn Word of mouth Brochure

Other _____

ATTENDEE 2 INFORMATION

Name _____ Profession _____

Address _____

City _____ State _____ Zip _____

Email _____ Organization _____

Phone _____ Dietary Needs _____

How did you hear about this event?

Email Website Twitter LinkedIn Word of mouth Brochure

Other _____

ATTENDEE 3 INFORMATION

Name _____ Profession _____

Address _____

City _____ State _____ Zip _____

Email _____ Organization _____

Phone _____ Dietary Needs _____

How did you hear about this event?

Email Website Twitter LinkedIn Word of mouth Brochure

Other _____