Leadership Conference
Western Conference of Prepaid Medical Service Plans
October 14 – 17, 2007

CONFERENCE REGISTRATION FORM

Plan Name: ggggggg

Mailing Address:

Plan Contact: Contact Phone #

E-mail address: Fax #

Delegate Full Name	Badge 1st Name	Guest Full Name	Badge 1st Name	Dietary/special needs

Registration Fee	No. Persons		Total
Delegate @ $800 x	0	=	$ 0.00
Guests @ $400 x	0	=	$ 0.00
	Total Enclosed		$ 0.00

Make check payable to The Regence Group

Mail to: The Regence Group
Attention: Barbara Cooper
1501 Market Street, M/S MK 501
Tacoma, Washington 98402
Phone: 253.382.7752

Deadline for registration is August 15, 2007. There will be no refunds after September 1, 2007.